| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF CALIFORNIA | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Marsharon First name Menay Middle name Ellis Last name and Suffix (Sr., Jr., II, III) | Harmonee First name Astra Middle name Isenbarger-Ellis Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | Marsharonmenay Ellis | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-9982 | xxx-xx-2383 |

Debtor 1 Marsharon Menay Ellis
Debtor 2 Harmonee Astra Isenbarger-Ellis Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ■ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | |
| | | 102 Republic Way | | | | |
| | Vacaville, CA 95687 Number, Street, City, State & ZIP Code | | Number, Street, City, State & ZIP Code | | | |
| | | · · | ,,,,,, | | | |
| | | Solano County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

| | otor 1 Marsharon Menay Otor 2 Harmonee Astra Is | | | | Case number (if known) | |
|-----|---|---------------------------|------------------------|--|--|-----|
| D | Tall the Occur About | V BI | 0 | | | |
| | t 2: Tell the Court About | | | | 444000000000000000000000000000000000000 | |
| 7. | The chapter of the Bankruptcy Code you are | | | ach, see <i>Notice Required by</i> e 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box. | |
| | choosing to file under | Chapter 7 | | | | |
| | | ☐ Chapter 11 | | | | |
| | | ☐ Chapter 12 | | | | |
| | | ☐ Chapter 13 | | | | |
| | | | | | | |
| 8. | How you will pay the fee | about how order. If yo | you may pay. Typically | y, if you are paying the fee yo | k with the clerk's office in your local court for more detai urself, you may pay with cash, cashier's check, or mone alf, your attorney may pay with a credit card or check wi | ЭУ |
| | | ■ I need to | | | on, sign and attach the Application for Individuals to Pay | |
| | | ☐ I request | that my fee be waived | (You may request this option | n only if you are filing for Chapter 7. By law, a judge may | /, |
| | | but is not | equired to, waive your | fee, and may do so only if yo | ur income is less than 150% of the official poverty line the installments). If you choose this option, you must fill ou | hat |
| | | | | | ial Form 103B) and file it with your petition. | |
| | | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | |
| | last 8 years? | ☐ Yes. | | | | |
| | | Distri | ct | When | Case number | |
| | | Distri | ct | When | Case number | |
| | | Distri | | When | Case number | |
| 10. | Are any bankruptcy | ■ No | | | | |
| | cases pending or being filed by a spouse who is | ☐ Yes. | | | | |
| | not filing this case with you, or by a business partner, or by an affiliate? | Li fes. | | | | |
| | | Debt | or | | Relationship to you | |
| | | Distri | ct | When | Case number, if known | |
| | | Debt | or | | Relationship to you | |
| | | Distri | | When | Case number, if known | |
| 11. | Do you rent your | ■ No. Go | to line 12. | | | |
| | residence? | | your landlord obtained | an eviction judgment agains | t you? | |
| | | Tes. | No. Go to line 12. | i i janganan agame | • | |
| | | | | Statement About an Eviction | Judgment Against You (Form 101A) and file it as part of | |
| | | | this bankruptcy pet | | roughton riganist rough only forth and more as part of | |
| | | | | | | |

| | otor 1 Marsharon Menay otor 2 Harmonee Astra Is | | r-Ellis | Case number (if known) | | | |
|-----|---|------------------------|---|---|--|--|--|
| | | | | | | | |
| Par | Report About Any Bu | sinesses ` | You Own as a Sole Proprie | tor | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | |
| | | ☐ Yes. | Name and location of business | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, Sta | Number, Street, City, State & ZIP Code | | | |
| | it to this petition. | | • • • | ox to describe your business: | | | |
| | | | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | |
| | | | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | | |
| | | | ☐ Stockbroker (as o | defined in 11 U.S.C. § 101(53A)) | | | |
| | | | ☐ Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | ☐ None of the above | e | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | re filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate es. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ons, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure .S.C. 1116(1)(B). | | | | |
| | For a definition of small | No. | I am not filing under Cha | oter 11. | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter Code. | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | |
| | | ☐ Yes. | I am filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| Par | t 4: Report if You Own or | Have Any | Hazardous Property or An | y Property That Needs Immediate Attention | | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is | ☐ Yes. | | | | | |
| | alleged to pose a threat of imminent and | ⊔ Yes. | What is the hazard? | | | | |
| | identifiable hazard to public health or safety? | | | | | | |
| | Or do you own any | | Million and Parks and and Park Co. | | | | |
| | property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | | | |
| | | | | Number, Street, City, State & Zip Code | | | |
| | | | | | | | |

Debtor 1 Marsharon Menay Ellis

Debtor 2 Harmonee Astra İsenbarger-Ellis

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| | otor 1 otor 2 | Marsharon Menay Harmonee Astra Is | | -Ellis | | Case nur | mber (if known) | |
|------|--|--|--|--|----------------------------------|--------------------------------|--|-------------------|
| Par | t 6: | Answer These Questi | ons for Re | porting Purposes | | | | |
| 16. | | t kind of debts do have? | | Are your debts primarily consuindividual primarily for a persona | | | defined in 11 U.S.C. § 101(8) as | s "incurred by an |
| | • | | | ☐ No. Go to line 16b. | • | | | |
| | | | | Yes. Go to line 17. | | | | |
| | | | | Are your debts primarily busin money for a business or investm | | | | |
| | | | | ☐ No. Go to line 16c. | | | | |
| | | | | ☐ Yes. Go to line 17. | | | | |
| | | | 16c. | State the type of debts you owe t | that are not consur | mer debts or busi | ness debts | |
| 17. | | you filing under oter 7? | □ No. | I am not filing under Chapter 7. C | Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and after any exempt property is excluded and are paid that funds will be available to distribute to unsecured creditors? | | | strative expenses | | | | |
| | | administrative expenses are paid that funds will | | ■ No | | | | |
| | distr | vailable for ibution to unsecured itors? | | □ Yes | | | | |
| 18. | | How many Creditors do you estimate that you owe? | 1 -49 | | 1 ,000-5,000 | | □ 25,001-50,000 | |
| | • | | □ 50-99 | | □ 5001-10,000 □ 10,001-25,0 | | ☐ 50,001-100,000 ☐ More than100,000 | |
| | | | ☐ 100-19 ☐ 200-99 | | | | | |
| 19. | | much do you | □ \$0 - \$5 | • | □ \$1,000,001 | | □ \$500,000,001 - \$1 | |
| | | nate your assets to orth? | □ \$50,001 - \$100,000 □ \$100,001 - \$500,000 ■ \$500,001 - \$1 million | | □ \$10,000,001 □ \$50,000,001 | | □ \$1,000,000,001 - \$ □ \$10,000,000,001 - | |
| | | | | | | 01 - \$500 million | ☐ More than \$50 billi | |
| 20. | | much do you | □ \$0 - \$5 | • | □ \$1,000,001 | | □ \$500,000,001 - \$1 | |
| | to be | nate your liabilities e? | | 01 - \$100,000 01 - \$500,000 | □ \$10,000,001 □ \$50,000,001 | | □ \$1,000,000,001 - \$ □ \$10,000,000,001 - | |
| | | | _ ` ` | 01 - \$300,000 01 - \$1 million | |)1 - \$100 million | ☐ More than \$50 bill | |
| Par | t 7· | Sign Below | | | | | | |
| | you | oign below | I have eva | mined this petition, and I declare | under penalty of r | perium that the in | formation provided is true and o | correct |
| 1 01 | you | | | • | , , , | | • | |
| | | | | nosen to file under Chapter 7, I a stes Code. I understand the relief | | | | |
| | | | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | |
| | | | I request r | elief in accordance with the chap | ter of title 11, Unite | ed States Code, s | specified in this petition. | |
| | | | | nd making a false statement, cor y case can result in fines up to \$2 | | | | |
| | | | /s/ Marsh | naron Menay Ellis | | | Astra Isenbarger-Ellis | |
| | | | | on Menay Ellis of Debtor 1 | | Harmonee As Signature of De | stra Isenbarger-Ellis ebtor 2 | |
| | | | Executed | on <u>December 22, 2018</u> MM / DD / YYYY | _ | | December 22, 2018 MM / DD / YYYY | |

| Debtor 1 Debtor 2 Marsharon Mena Harmonee Astra | | Cas | se number (if known) |
|---|---|--|---|
| For your attorney, if you are represented by one If you are not represented by | I, the attorney for the debtor(s) named in this petition under Chapter 7, 11, 12, or 13 of title 11, United Stat for which the person is eligible. I also certify that I hand, in a case in which § 707(b)(4)(D) applies, certify | es Code, and have ave delivered to the | explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| an attorney, you do not need to file this page. | schedules filed with the petition is incorrect. | y triat i riave no knov | wedge after an inquiry that the information in the |
| | /s/ Kristy A. Hernandez | Date | December 22, 2018 |
| | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | Kristy A. Hernandez | | |
| | | | |
| | HERNANDEZ LAW GROUP Firm name | | |
| | | | |
| | 6939 Sunrise Blvd. Suite 111 | | |
| | Citrus Heights, CA 95610 Number, Street, City, State & ZIP Code | | |
| | Contact phone 916-728-1500 | Email address | kristy@khlawoffices.com |
| | 231141 CA | | |
| | Bar number & State | | |

Certificate Number: 15317-CAE-CC-032026850



CERTIFICATE OF COUNSELING

I CERTIFY that on <u>December 12, 2018</u>, at <u>6:40</u> o'clock <u>PM PST</u>, <u>Marsharon Ellis</u> received from <u>Access Counseling, Inc.</u>, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the <u>Eastern District of California</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 12, 2018 By: /s/Julie Dumlao

Name: Julie Dumlao

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 15317-CAE-CC-032026924



CERTIFICATE OF COUNSELING

I CERTIFY that on <u>December 12</u>, 2018, at <u>6:56</u> o'clock <u>PM PST</u>, <u>Harmonee Isenbarger-Ellis</u> received from <u>Access Counseling</u>, <u>Inc.</u>, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the <u>Eastern District of California</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 12, 2018 By: /s/Julie Dumlao

Name: Julie Dumlao

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

| Fill in this information to identify your case: | | | | | | |
|---|----------------|--------------------|---------------|--|--|--|
| Debtor 1 Marsharon Menay Ellis | | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Harmonee Astra | senbarger-Ellis | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT C | PF CALIFORNIA | | | |
| Case number _ (if known) | | | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| you | r original forms, you must fill out a new Summary and check the box at the top of this page. | | |
|-----|--|-------------|---------------------------|
| Par | t 1: Summarize Your Assets | | |
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 440,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 64,493.81 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 504,493.81 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | liabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 405,027.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 248,762.89 |
| | Your total liabilities | \$ | 653,789.89 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 6,826.18 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 7,042.99 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other so | chedules. |
| | ■ Yes | | |
| 7. | What kind of debt do you have? | | |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Marsharon Menay Ellis

Debtor 2 Harmonee Astra Isenbarger-Ellis Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

8,308.33

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Tota | al claim |
|--|------|------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 178,081.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 178,081.00 |

| 12/22/10 | | | Case 10-21941 | | | |
|---------------------|--|----------------------|---|--------------------------|----------------|--|
| Fill in this inform | nation to identify | your case and th | is filing: | | | |
| Debtor 1 | Marsharon M | enav Ellis | | | | |
| Debtor 1 | First Name | | Name Last Name | | | |
| Debtor 2 | Harmonee As | stra Isenbarge | r-Ellis | | | |
| (Spouse, if filing) | First Name | Middle | Name Last Name | | | |
| United States Bar | nkruptcy Court for t | the: EASTERN | DISTRICT OF CALIFORNIA | | | |
| Case number _ | | | | | | ☐ Check if this is an |
| | | | | | | amended filing |
| Official Fo | rm 106A/B | | | | | |
| | e A/B: Pr | onorty | | | | 40/45 |
| | | | an asset only once. If an asset fits in more than one | | | 12/15 |
| Answer every quest | tion. | · | neet to this form. On the top of any additional pages her Real Estate You Own or Have an Interest In | , write your na | me and case | e number (ii known). |
| 1. Do you own or h | ave any legal or equ | itable interest in a | ny residence, building, land, or similar property? | | | |
| ☐ No. Go to Part | +2 | | | | | |
| _ | | | | | | |
| Yes. Where is | s the property? | | | | | |
| | | | | | | |
| | | | | | | |
| 1.1 | lie West | | What is the property? Check all that apply | | | |
| 102 Repub | DIIC vvay if available, or other desc | rintion | Single-family home | | | nims or exemptions. Put |
| Officer address, i | i available, of other desc | приоп | Duplex or multi-unit building | | | d claims on Schedule D: ns Secured by Property. |
| | | | Condominium or cooperative | | | |
| | | | ☐ Manufactured or mobile home | | | |
| Vacaville | CA | 95687-0000 | Land | Current valuentire prope | | Current value of the portion you own? |
| City | State | ZIP Code | ☐ Investment property | | 0,000.00 | \$440,000.00 |
| | | | ☐ Timeshare | Describe the | e nature of v | our ownership interest |
| | | | ☐ Other | (such as fee | simple, ten | ancy by the entireties, or |
| | | | Who has an interest in the property? Check one | a life estate | ,, | |
| Calana | | | ☐ Debtor 1 only | Fee Simp | ie | |
| Solano | | | Debtor 2 only | | | |
| County | | | ■ Debtor 1 and Debtor 2 only | ■ Check | if this is com | munity property |
| | | | ☐ At least one of the debtors and another | (see instr | | |
| | | | Other information you wish to add about this item property identification number: | m, such as loc | al | |
| | | | value per CMA report | | | |
| | | | | | | |
| | | | | | | |
| | ar value of the po | | r all of your entries from Part 1, including any | entries for | | \$440,000.00 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

pages you have attached for Part 1. Write that number here......

Part 2: Describe Your Vehicles

| | or 2 <u>H</u> | armonee Astra İsenbarger-E | Ellis | Case number (if known) | |
|-------|---------------|---|---|-------------------------|---|
| . Ca | rs, vans, | trucks, tractors, sport utility ve | hicles, motorcycles | | |
| | No | | | | |
| | Yes | | | | |
| | | | | | |
| 3.1 | Make: | Honda | Who has an interest in the property? Check one | | claims or exemptions. Put red claims on <i>Schedule D:</i> |
| | Model: | CR-V | Debtor 1 only | | nims Secured by Property. |
| | Year: | 2018 | ☐ Debtor 2 only | Current value of the | Current value of the |
| | | nate mileage: 6,500 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other info | | ☐ At least one of the debtors and another | | |
| | kbb.co | ondition, value per m | Check if this is community property (see instructions) | \$29,321.00 | \$29,321.00 |
| 3.2 | Make: | Mazda | Who has an interest in the property? Check one | | claims or exemptions. Put red claims on Schedule D: |
| | Model: | CX-3 | Debtor 1 only | | nims Secured by Property. |
| | Year: | 2016 | Debtor 2 only | Current value of the | Current value of the |
| | | nate mileage: 36,000 | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other info | ndition, value per | ☐ At least one of the debtors and another | | |
| | kbb.co | | ■ Check if this is community property (see instructions) | \$17,107.00 | \$17,107.00 |
| 3.3 | Make: | Nissan | Who has an interest in the property? Check one | the amount of any secur | claims or exemptions. Put ed claims on Schedule D: |
| | Model: | Sentra SV 2015 | Debtor 1 only | Creditors Who Have Cla | nims Secured by Property. |
| | Year: | 40.000 | Debtor 2 only | Current value of the | Current value of the |
| | Other info | | ■ Debtor 1 and Debtor 2 only□ At least one of the debtors and another | entire property? | portion you own? |
| | fair cor | ndition, value per | | | |
| | kbb.co | | ■ Check if this is community property (see instructions) | \$11,383.00 | \$11,383.00 |
| Exa | mples: Bo | | nd other recreational vehicles, other vehicles, a stercraft, fishing vessels, snowmobiles, motorcycle | | |
| | | • • | rn for all of your entries from Part 2, including a that number here | - 1 | \$57,811.00 |
| art 3 | Describ | oe Your Personal and Household It | ems | | |
| Эо у | ou own o | r have any legal or equitable in | terest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Н | | goods and furnishings Major appliances, furniture, linens | , china, kitchenware | | |
| | No | | | | |
| | • | scribe | | | |

| | ebtor 1 ebtor 2 | Marsharon I Harmonee A | Menay Ellis Astra Isenbarger-Ellis | Case number (| if known) |
|----|--------------------|--|---|--|---|
| 7. | □ No | es: Televisions a | and radios; audio, video, stereo, and digital ed I phones, cameras, media players, games | quipment; computers, printers, scanners | ; music collections; electronic devices |
| | — 165. | Describe | 3 TV's, DVD's, 1 Computer and Sma | nrtPhones | \$650.00 |
| 8. | Example No | | I figurines; paintings, prints, or other artwork; ons, memorabilia, collectibles | books, pictures, or other art objects; sta | mp, coin, or baseball card collections; |
| 9. | Example No | ent for sports a es: Sports, photo musical instr Describe | ographic, exercise, and other hobby equipmen | nt; bicycles, pool tables, golf clubs, skis; | canoes and kayaks; carpentry tools; |
| 10 | ■ No | | s, shotguns, ammunition, and related equipm | ent | |
| 11 | □ No | | othes, furs, leather coats, designer wear, sho | es, accessories | |
| | | | Family clothing | | \$300.00 |
| 12 | □ No | | welry, costume jewelry, engagement rings, w | redding rings, heirloom jewelry, watches | , gems, gold, silver |
| | | | Wedding Rings | | \$250.00 |
| | | | 2 Watches and misc. jewelry items | | \$45.00 |
| 13 | Examp. ☐ No | m animals les: Dogs, cats, Describe | birds, horses | | |
| | | | 4 Year old lab/pit mix | | \$100.00 |
| 14 | ■ No | ner personal an | d household items you did not already list | t, including any health aids you did n | ot list |
| 15 | | | of all of your entries from Part 3, including number here | | \$2,080.00 |

Part 4: Describe Your Financial Assets

| Debtor : | • | | Case number (if known) | |
|---------------------|---|---|--|--|
| | | | | portion you own? Do not deduct secured claims or exemptions. |
| | mples: Money you have in your wallet, in your h | • | and when you file your petition | |
| | | | Cash on Hand up to: | \$20.00 |
| | osits of money mples: Checking, savings, or other financial acc institutions. If you have multiple account | | | ises, and other similar |
| _ | os | Institution name: | | |
| | 17.1. | Bank of the West-Checl up to: | king acct;1578 | \$650.00 |
| | 17.2. | Bank of the West-Savin up to: | gs acct;1578 | \$0.00 |
| | 17.3. | 1st United Credit Union up to: | -Checking acct;6600 | \$32.81 |
| Exa ■ No □ Ye | sInstitution or issuer | name: | | an II C nastnasahin and |
| | -publicly traded stock and interests in incorp t venture | orated and unincorporated busine | esses, including an interest in | i an LLC, parmership, and |
| ■ Ye | es. Give specific information about them Name of entity: | | % of ownership: | |
| | 100% Self Employe Cosmetics | ed as Sales Agent for Avon | % | \$100.00 |
| Neg Noi ■ Ne | ernment and corporate bonds and other negrotiable instruments include personal checks, can be instruments are those you cannot trace. See Sive specific information about them | shiers' checks, promissory notes, an | nd money orders. | |
| | Issuer name: | | | |
| | rement or pension accounts mples: Interests in IRA, ERISA, Keogh, 401(k), | 403(b), thrift savings accounts, or oth | ner pension or profit-sharing pla | ns |
| □ Ye | es. List each account separately. Type of account: | Institution name: | | |
| You | urity deposits and prepayments or share of all unused deposits you have made so or share of all unused deposits you have made so or mples: Agreements with landlords, prepaid rent, | o that you may continue service or u public utilities (electric, gas, water), | se from a company telecommunications companies | s, or others |
| | 9S | Institution name or individua | l: | |

| 12,22 | 710 | | 0430 10 | 3 21 3 41 | | |
|-------------------------|--|---|--|---------------------------|-------------------------------|---|
| Debtor 1 Debtor 2 | | Menay Ellis Astra Isenbarge | er-Ellis | | Case number (if known) | |
| | | for a periodic payn | nent of money to you, either for | life or for a number of | years) | |
| ■ No □ Ye: | | Issuer name and d | escription. | | | |
| | | tion IRA, in an acc , 529A(b), and 529 | count in a qualified ABLE pro | gram, or under a qua | alified state tuition progra | am. |
| ■ No | | , 525A(b), and 525 | (6)(1). | | | |
| | | Institution name an | d description. Separately file the | e records of any intere | ests.11 U.S.C. § 521(c): | |
| 25. Trus ■ No | - | future interests in | property (other than anything | g listed in line 1), and | l rights or powers exerci | sable for your benefit |
| | | nformation about th | nem | | | |
| | | | e secrets, and other intellectual sites, proceeds from royalties ar | | nts | |
| _ | s. Give specific i | nformation about th | nem | | | |
| | mples: Building p | s, and other general ermits, exclusive lice | al intangibles censes, cooperative association | holdings, liquor licens | ses, professional licenses | |
| _ | | nformation about th | nem | | | |
| Money o | or property owed | d to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | | | em, including whether you alrea | ady filed the returns ar | nd the tax years | |
| | | | | | ٦ | |
| | | | Est. 2018 Tax Refund up | to: | | \$3,800.00 |
| <i>Exai</i> ■ No | lly support mples: Past due o | | ıy, spousal support, child suppo | rt, maintenance, divor | ce settlement, property set | ttlement |
| Exai | benefits; ı | ages, disability insu | rance payments, disability bene ade to someone else | efits, sick pay, vacation | າ pay, workers' compensa | tion, Social Security |
| ■ No □ Ye | s. Give specific i | nformation | | | | |
| Exai | ests in insuranc mples: Health, dis | | ance; health savings account (F | HSA); credit, homeowr | ner's, or renter's insurance | |
| ■ No | | | | | | |
| □ Ye | s. Name the insu | rance company of e Company n | each policy and list its value. name: | Beneficia | ry: | Surrender or refund value: |
| If you some | u are the benefic eone has died. | iary of a living trust | u from someone who has died , expect proceeds from a life ins | | currently entitled to receive | property because |

| | otor 1 otor 2 | Marsharon Menay Ellis Harmonee Astra Isenbarger-Ellis | | Case number (if known) | |
|-----|------------------|--|-----------------------------|-----------------------------|---------------------------------------|
| | | against third parties, whether or not you have filed a law les: Accidents, employment disputes, insurance claims, or ri | | nd for payment | |
| [| ☐ Yes. | Describe each claim | | | |
| _ | Other o | ontingent and unliquidated claims of every nature, inclu | uding counterclaims o | of the debtor and rights to | set off claims |
| | | Describe each claim | | | |
| 35. | Anv fin | ancial assets you did not already list | | | |
| | ■ No | , | | | |
| [| ☐ Yes. | Give specific information | | | |
| 36. | | he dollar value of all of your entries from Part 4, includir rt 4. Write that number here | | es you have attached | \$4,602.81 |
| Par | t 5: Des | scribe Any Business-Related Property You Own or Have an Intel | rest In. List any real esta | te in Part 1. | |
| 37. | Do you o | wn or have any legal or equitable interest in any business-relat | ed property? | | |
| | No. Go | to Part 6. | | | |
| | Yes. G | o to line 38. | | | |
| | | | | | |
| Par | | scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | t In. | |
| 46. | Do you | own or have any legal or equitable interest in any farm- | or commercial fishin | g-related property? | |
| | ■ No. | Go to Part 7. | | | |
| | ☐ Yes. | Go to line 47. | | | |
| | | | | | |
| Par | t 7: | Describe All Property You Own or Have an Interest in That You | u Did Not List Above | | |
| 53. | | have other property of any kind you did not already list les: Season tickets, country club membership | ? | | |
| | No | | | | |
| [| ☐ Yes. (| Give specific information | | | |
| 54. | Add t | ne dollar value of all of your entries from Part 7. Write th | at number here | | \$0.00 |
| | | | | l | |
| Par | t 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | \$440,000.00 |
| 56. | Part 2 | : Total vehicles, line 5 | \$57,811.00 | | · · · · · · · · · · · · · · · · · · · |
| 57. | Part 3 | : Total personal and household items, line 15 | \$2,080.00 | | |
| 58. | Part 4 | : Total financial assets, line 36 | \$4,602.81 | | |
| 59. | Part 5 | : Total business-related property, line 45 | \$0.00 | | |
| 60. | | : Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | : Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$64,493.81 | Copy personal property to | otal \$64,493.81 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$504,493.81 |

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|--------------|--|
| Debtor 1 | Marsharon Mena | y Ellis | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Harmonee Astra | lsenbarger-Ellis | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F CALIFORNIA | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | |
|--|--------------------------------------|-----|---|------------------------------------|--|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| 102 Republic Way Vacaville, CA 95687 Solano County | \$440,000.00 | | \$100,000.00 | C.C.P. § 704.730 | |
| value per CMA report Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2016 Mazda CX-3 36,000 miles fair condition, value per kbb.com | \$17,107.00 | | \$1,297.00 | C.C.P. § 704.010 | |
| Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2015 Nissan Sentra SV 42,000 miles fair condition, value per kbb.com | \$11,383.00 | | \$1,753.00 | C.C.P. § 704.010 | |
| Line from Schedule A/B: 3.3 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Misc. Household Items Line from Schedule A/B: 6.1 | \$735.00 | | \$735.00 | C.C.P. § 704.020 | |
| Line nom <i>Schedule Arb.</i> 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3 TV's, DVD's, 1 Computer and SmartPhones | \$650.00 | | \$650.00 | C.C.P. § 704.020 | |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | |

| Debtor Debtor | | | | Case number (if known) | |
|------------------|---|--------------------------------------|--------|---|------------------------------------|
| | ef description of the property and line on hedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | mily clothing ne from <i>Schedule A/B</i> : 11.1 | \$300.00 | | \$300.00 | C.C.P. § 704.020 |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | edding Rings ne from Schedule A/B: 12.1 | \$250.00 | | \$250.00 | C.C.P. § 704.040 |
| LII | io non duredate 745. 12-1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Watches and misc. jewelry items | \$45.00 | | \$45.00 | C.C.P. § 704.040 |
| LII | le Holli Schedule A/B. 12.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Year old lab/pit mix | \$100.00 | | \$100.00 | C.C.P. § 704.020 |
| LII | le Holli Schedule A/B. 13.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | ank of the West-Checking | \$650.00 | | 75% | C.C.P. § 704.070 |
| u | p to: ne from <i>Schedule A/B</i> : 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | e you claiming a homestead exemption of ubject to adjustment on 4/01/19 and every 3 | | | led on or after the date of adjustmer | it.) |
| | Yes. Did you acquire the property covere ☐ No | d by the exemption wi | thin 1 | ,215 days before you filed this case? | ? |
| | ☐ Yes | | | | |

| Fill in this informa | tion to identify you | ır case: | | | |
|---------------------------------|-----------------------|--|---|------------------------|----------------------|
| Debtor 1 | Marsharon Men | av Fllis | | | |
| Dobtor 1 | First Name | Middle Name Last Name | | - | |
| Debtor 2 | Harmonee Astra | a Isenbarger-Ellis | | | |
| (Spouse if, filing) | First Name | Middle Name Last Name | | | |
| United States Bank | ruptcy Court for the | EASTERN DISTRICT OF CALIFORNIA | | - | |
| Case number | | | | | |
| (if known) | | | | ☐ Check | if this is an |
| | | | | ameno | ded filing |
| Official Form | 106D | | | | |
| | | Who Have Claims Secured | l by Propert | У | 12/15 |
| | | If two married people are filing together, both are equout, number the entries, and attach it to this form. On | | | |
| 1. Do any creditors ha | eve claims secured b | v vour property? | | | |
| _ ` | | his form to the court with your other schedules. Yo | u have nothing else t | o report on this form | |
| _ | II of the information | · | d have nothing cise t | o report on this form. | |
| | | Delow. | | | |
| | Secured Claims | | Column A | Column B | Column C |
| | | more than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As | Amount of claim | Value of collateral | Unsecured |
| | | cal order according to the creditor's name. | Do not deduct the value of collateral. | that supports this | portion |
| 2.1 Bank Of Stockton | | Describe the property that secures the claim: | \$9,630.00 | claim \$11,383.00 | If any \$0.00 |
| Creditor's Name | | 2015 Nissan Sentra SV 42,000 miles | *-/ | | |
| | | fair condition, value per kbb.com | | | |
| 301 E Miner | . 64 | As of the date you file, the claim is: Check all that | | | |
| Stockton, C | | apply. ☐ Contingent | | | |
| | ity, State & Zip Code | ☐ Unliquidated | | | |
| | .,, с с, с с с с | ☐ Disputed | | | |
| Who owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | | An agreement you made (such as mortgage or sector car loan) | ured | | |
| ■ Debtor 1 and Debte | or 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the | debtors and another | ☐ Judgment lien from a lawsuit | | | |
| Check if this claim | n relates to a | Other (including a right to offset) | | | |
| community debt | | | | | |
| | Opened 08/17 Last | | | | |
| Date debt was incurr | Active ed 10/24/18 | Last 4 digits of account number 0189 | | | |
| Date debt was incur | eu 10/24/10 | Last 4 digits of account number | | | |
| 2.2 Chase Auto | • | Describe the property that secures the claim: | \$14,042.00 | \$17,107.00 | \$0.00 |
| Creditor's Name | | 2016 Mazda CX-3 36,000 miles | , | | |
| | | fair condition, value per kbb.com | | | |
| D- D 004 | 000 | As of the date you file, the claim is: Check all that | | | |
| Po Box 9010 Ft Worth, TX | | apply. | | | |
| | ity, State & Zip Code | ☐ Contingent ☐ Unliquidated | | | |
| | ,, x <u></u> p 0000 | ☐ Disputed | | | |
| Who owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortgage or sect | ured | | |
| Debtor 2 only | | car loan) | | | |
| ■ Debtor 1 and Debt | or 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |

☐ Judgment lien from a lawsuit

 $\hfill \square$ At least one of the debtors and another

| Debtor 1 | | n Menay Ellis | | | Case number (if known) | | |
|-------------------|---------------------------------|--|---|------------|------------------------|--------------|------------|
| | First Name | Middle Na | | | | | |
| Debtor 2 | Harmonee First Name | Astra Isenba | | | | | |
| | FIISLINAIIIE | Wilddle Na | ame Last Name | | | | |
| | if this claim re | elates to a | Other (including a right to offset) | | | | |
| Date debt | was incurred | Opened 07/16 Last Active 10/11/18 | Last 4 digits of account number | 5305 | | | |
| | | | - | | | | |
| ^{2.3} Co | dland Mortg mpany | age | Describe the property that secures the c | | \$342,097.00 | \$440,000.00 | \$0.00 |
| Cred | litor's Name | | 102 Republic Way Vacaville, CA 95687 Solano County value per CMA report | | | | |
| РО | Box 26888 | 8 | As of the date you file, the claim is: Check apply. | all that | | | |
| Ok | lahoma City | , OK 73126 | Contingent | | | | |
| Num | ber, Street, City, S | State & Zip Code | ☐ Unliquidated | | | | |
| Who owe | es the debt? C | heck one. | Disputed Nature of lien. Check all that apply. | | | | |
| ☐ Debtor | 1 only | | An agreement you made (such as morto | age or se | ecured | | |
| ☐ Debtor | 2 only | | car loan) | ,ugo o. oo | | | |
| Debtor | 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mechani | c's lien) | | | |
| ☐ At leas | t one of the deb | tors and another | ☐ Judgment lien from a lawsuit | | | | |
| | if this claim re | elates to a | Other (including a right to offset) | | | | |
| Date debt | was incurred | | Last 4 digits of account number | 0530 | | | |
| 2.4 Tra | vis Credit l | Jnion | Describe the property that secures the c | laim: | \$39,258.00 | \$29,321.00 | \$9,937.00 |
| Cred | litor's Name | | 2018 Honda CR-V 6,500 miles good condition, value per kbb.c | om | | | |
| Po | Box 2069 | | As of the date you file, the claim is: Check | all that | | | |
| | caville, CA | 95696 | apply. Contingent | | | | |
| Num | ber, Street, City, S | State & Zip Code | ☐ Unliquidated | | | | |
| | | | ☐ Disputed | | | | |
| Who owe | s the debt? C | heck one. | Nature of lien. Check all that apply. | | | | |
| ☐ Debtor | 1 only | | ■ An agreement you made (such as mortg | gage or se | ecured | | |
| Debtor | 2 only | | car loan) | | | | |
| | 1 and Debtor 2 | , | ☐ Statutory lien (such as tax lien, mechani | c's lien) | | | |
| _ | | tors and another | ☐ Judgment lien from a lawsuit | | | | |
| | if this claim re nunity debt | elates to a | Other (including a right to offset) | | | | |
| | | Opened 05/18 Last | | | | | |
| Date debt | was incurred | Active 11/29/18 | Last 4 digits of account number | 7690 | | | |
| | | | - | | | | |
| | | | | | | | |
| | | - | olumn A on this page. Write that number h | ere: | \$405,027.0 | 00 | |
| | the last page at number here | | the dollar value totals from all pages. | | \$405,027.0 | 00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any

Filed 12/22/18 Case 18-27947 Doc 1

| Debtor 1 | Marsharon Menay | / Ellis | | Case number (if known) | |
|----------|------------------|-----------------|-----------|------------------------|--|
| • | First Name | Middle Name | Last Name | - | |
| Debtor 2 | Harmonee Astra I | senbarger-Ellis | | | |
| • | First Name | Middle Name | Last Name | | |
| | | | | | |

debts in Part 1, do not fill out or submit this page.

| Fill in | this informa | ation to identify your c | ase: | | | | | |
|---|---|--|--|---|--|--|---|---|
| Debto | r 1 | Marsharon Menay | Filic | | | | | |
| Debio | | First Name | Middle Na | ame | Last Name | | | |
| Debto | r 2 | Harmonee Astra Is | senbarger-E | Ellis | | | | |
| (Spouse | e if, filing) | First Name | Middle Na | ame | Last Name | | | |
| United | d States Banl | kruptcy Court for the: | EASTERN | DISTRICT OF CAI | LIFORNIA | | | |
| Case (if know | number | | | - | | | _ | eck if this is an nended filing |
| | ial Form edule E/ | 106E/F F: Creditors W | ho Have | Unsecured | l Claims | | | 12/15 |
| iny exe Schedu Schedu eft. Att | ecutory contra ile G: Executo ile D: Creditor ach the Conti and case numl | acts or unexpired leases to ory Contracts and Unexpires The Who Have Claims Secu | that could resu red Leases (Of ured by Propert e. If you have n | olt in a claim. Also ificial Form 106G). ty. If more space is no information to re | list executory of Do not include needed, copy to | Part 2 for creditors with NONI contracts on Schedule A/B: Prany creditors with partially sethe Part you need, fill it out, ndo not file that Part. On the to | roperty (Officia ecured claims t umber the entr | Form 106A/B) and on hat are listed in ies in the boxes on the |
| | | s have priority unsecured | | | | | | |
| _ | No. Go to Pa | | | | | | | |
| | l Yes. | 11.2. | | | | | | |
| Part 2 | | of Your NONPRIORITY | V Unsacurad | Claims | | | | |
| 4. Lis | Yes. st all of your resecured claim. | , list the creditor separately | iims in the alph for each claim. | nabetical order of t For each claim liste | he creditor who | pholds each claim. If a credito ype of claim it is. Do not list cla three nonpriority unsecured cla | ims already inclu | ided in Part 1. If more |
| | | | | | | | | Total claim |
| 4.1 | 1st Unite | ed Services Cu | | Last 4 digits of ac | count number | 0143 | _ | \$5,498.00 |
| | 5901 Gib | Creditor's Name oraltar Drive Nor son, CA 94588 | | When was the deb | ot incurred? | Opened 04/15 Last A 8/06/18 | ctive | |
| | Number Str | eet City State Zlp Code red the debt? Check one. | | As of the date you | ı file, the claim i | s: Check all that apply | | |
| | Debtor 1 | only | | ☐ Contingent | | | | |
| | Debtor 2 | 2 only | | ☐ Unliquidated | | | | |
| | Debtor 1 | and Debtor 2 only | | ☐ Disputed | | | | |
| | ☐ At least | one of the debtors and ano | ther | Type of NONPRIO | RITY unsecured | d claim: | | |
| | | f this claim is for a comm | | Student loans | | | | |
| | debt Is the claim | n subject to offset? | | Obligations arisineport as priority cla | | ration agreement or divorce that | at you did not | |
| | ■ No | | | ☐ Debts to pensio | n or profit-sharin | g plans, and other similar debts | 3 | |
| | ☐ Yes | | | Other. Specify | Credit Card | I | | |

| | Marsharon Menay Ellis Harmonee Astra Isenbarger-Ellis | | Case number (if kno | own) | | | | |
|-----|---|--|-------------------------|--------------------------|------------|--|--|--|
| 4.2 | Barclays Bank Delaware | Last 4 digits of account number | 8288 | | \$1,253.00 | | | |
| | Nonpriority Creditor's Name | | 0 100/44 | | | | | |
| | P.o. Box 8803 Wilmington, DE 19899 | When was the debt incurred? | Opened 08/11 9/30/18 | Last Active | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that appl | ly | | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or o | divorce that you did not | | | | |
| | No | Debts to pension or profit-sharin | g plans, and other sir | milar debts | | | | |
| | ☐ Yes | Other. Specify Credit Card | I | | | | | |
| 4.3 | Cap1/bstby Nonpriority Creditor's Name | Last 4 digits of account number | 2185 | | \$646.00 | | | |
| | Nonpriority Greditor's Name | When was the debt incurred? | Opened 08/11 7/10/17 | Last Active | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | ly | | | | | |
| | ■ Debtor 1 only | | | | | | | |
| | Debtor 2 only | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | • | | | | | |
| | ■ No | Debts to pension or profit-sharin | • | milar debts | | | | |
| | Yes | Other. Specify Credit card | | | | | | |
| 4.4 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 4021 | _ | \$3,257.00 | | | |
| | Po Box 30281 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 07/13 8/04/18 | Last Active | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that appl | ly | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | ■ Debtor 2 only | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other sir | milar debts | | | | |
| | ☐ Yes | ■ Other. Specify Credit Card | <u> </u> | | | | | |

| Debtor Debtor | 1 Marsharon Menay Ellis2 Harmonee Astra Isenbarger-Ellis | | Case number (if known) | | | | | |
|------------------|---|---|--|------------|--|--|--|--|
| 4.5 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 7558 | \$2,394.00 | | | | |
| | Po Box 30281 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 06/10 Last Active 8/24/18 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | | | |
| 4.6 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 6082 | \$1,853.00 | | | | |
| | Po Box 30281 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 10/11 Last Active 8/23/18 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | only Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | | |
| | Check if this claim is for a community | Student loans | | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | | |
| | No | Debts to pension or profit-sharin | | | | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | | | |
| 4.7 | Citi Nonpriority Creditor's Name | Last 4 digits of account number | 9839 | \$6,869.00 | | | | |
| | Po Box 6190 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 07/16 Last Active 9/16/18 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | | | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | |
| | ■ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify Credit Card | I | | | | | |

| Debtor Debtor | Marsharon Menay Ellis Harmonee Astra Isenbarger-Ellis | | Case number (if known) | | | | | | | |
|------------------|---|---|---|-------------|--|--|--|--|--|--|
| 4.8 | Credit Collection Services | Last 4 digits of account number | 7018 | \$202.89 | | | | | | |
| | Nonpriority Creditor's Name 725 Canton Street Norwood, MA 02062 | When was the debt incurred? | 6/28/2018 | | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | | | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | Contingent | | | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Unliquidated | | | | | | | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | | | | | | |
| | Check if this claim is for a community | ☐ Student loans | d Claim. | | | | | | | |
| | debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | | | | |
| | ☐ Yes | ■ Other. Specify Collection | account for Liberty Mutual | | | | | | | |
| 4.9 | Dept Of Education/neln | Last 4 digits of account number | 3683 | \$54,091.00 | | | | | | |
| | Nonpriority Creditor's Name 3015 Parker Rd Aurora, CO 80014 | When was the debt incurred? | Opened 08/16 Last Active 10/31/18 | | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | | | |
| | Debtor 1 only | Contingent | | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | | | | | | |
| | At least one of the debtors and another | Student loans | | | | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | | | | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | | | | | |
| | □Yes | Other. Specify | | | | | | | | |
| | | Student Lo | an | | | | | | | |
| 4.1 | Dept Of Education/neln | Last 4 digits of account number | 3583 | \$30,797.00 | | | | | | |
| | Nonpriority Creditor's Name 3015 Parker Rd Aurora, CO 80014 | When was the debt incurred? | Opened 08/16 Last Active 10/31/18 | | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | | | | |
| | Debtor 1 and Debtor 2 only | | | | | | | | | |
| | ☐ At least one of the debtors and another | d claim: | | | | | | | | |
| | ☐ Check if this claim is for a community | | | | | | | | | |
| | debt | | ration agreement or divorce that you did not | | | | | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing | a plans, and other similar dobts | | | | | | | |
| | ■ No | _ | אַ אָימויס, מווע טעופו אווווומו עבטנא | | | | | | | |
| | Yes | Other. Specify Student Lo | an | | | | | | | |
| | | Oludoni Lo | w | | | | | | | |

| Debtor Debtor | Marsharon Menay Ellis Harmonee Astra Isenbarger-Ellis | | Case number (if known) | |
|------------------|---|---|--|-------------|
| 4.1 | Fed Loan Serv | Last 4 digits of account number | 0002 | \$93,193.00 |
| | Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 05/15 Last Active 10/31/18 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured Student loans | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Student Lo | an | |
| 4.1 | Goldman Sachs Bank USA Nonpriority Creditor's Name | Last 4 digits of account number | 3721 | \$23,583.00 |
| | P.O. Box 45400 Salt Lake City, UT 84145 | When was the debt incurred? | 01/2018 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | ■ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Personal L | oan | |
| 4.1 | Gs Bank Usa Nonpriority Creditor's Name | Last 4 digits of account number | 3721 | \$24,179.00 |
| | Po Box 45400 Salt Lake City, UT 84145 | When was the debt incurred? | Opened 6/24/17 Last Active 7/31/18 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | \square Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Credit card | purchases | |

| | | | n Menay Ellis e Astra Isenbarger-Ellis | | Case n | umber (if known) | | |
|-----------------|---|---------|---|--|------------|---|-------------------------|--|
| 4.1 | | | ndation Health Plan, Inc. | Last 4 digits of account number | 7868 | <u> </u> | \$847.00 | |
| | File 500 | 16 | s, CA 90074 | When was the debt incurred? | 11/8/ | 2018 | | |
| | Number S | treet (| City State Zlp Code | As of the date you file, the claim | | | | |
| | _ | | he debt? Check one. | | | | | |
| | ☐ Debtor | | , | ☐ Contingent | | | | |
| | Debtor | | | ☐ Unliquidated | | | | |
| | Debtor | r 1 and | Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At leas | st one | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | | if this | s claim is for a community | Student loans | | | | |
| | debt | im sul | bject to offset? | Obligations arising out of a separeport as priority claims | aration ag | greement or divorce that you did not | | |
| | ■ No | ou | 9000 10 011000 | Debts to pension or profit-sharing | ng plans | and other similar debts | | |
| | ☐ Yes | | | | | and onto ontina dobto | | |
| | Li res | | | Other. Specify Medical Bi | · · | | | |
| 4.1 5 | Uscb A | | | Last 4 digits of account number | 5917 | , | \$100.00 | |
| | 355 S G | ranc | d Ave Ste 3200 | When was the debt incurred? | Opei | ned 03/18 | | |
| | | | s, CA 90071 City State ZIp Code | As of the date you file, the claim | is: Checl | k all that apply | | |
| | Who incu | rred t | he debt? Check one. | • | | , | | |
| | ☐ Debtor 1 only | | | ☐ Contingent | | | | |
| | ■ Debtor 2 only | | | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | | | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community | | | ☐ Student loans | | | | |
| | debt Is the clai | im sul | bject to offset? | Obligations arising out of a separeport as priority claims | aration ag | greement or divorce that you did not | | |
| | ■ No | | | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | _ | | | | Attorn | ey Kaiser Permanente | | |
| | ☐ Yes | | | Other. Specify Ncal | | | | |
| Part 3: | List O | thers | to Be Notified About a Debt | Γhat You Already Listed | | | | |
| is tryi have | ing to colle more than | ct fro | m you for a debt you owe to some | one else, list the original creditor in ou listed in Parts 1 or 2, list the add | Parts 1 | ady listed in Parts 1 or 2. For examp or 2, then list the collection agency reditors here. If you do not have add | here. Similarly, if you | |
| Part 4: | Add th | he Ar | nounts for Each Type of Unse | cured Claim | | | | |
| | the amoun | | | . This information is for statistical r | eporting | purposes only. 28 U.S.C. §159. Add | d the amounts for each | |
| | | | | | | Total Claim | | |
| | | 6a. | Domestic support obligations | | 6a. | \$ 0.00 | | |
| | Total laims | | | | | | | |
| from F | | 6b. | Taxes and certain other debts yo | ou owe the government | 6b. | \$0.00 | _ | |
| | | 6c. | Claims for death or personal inju | | 6c. | \$ 0.00 | - | |
| | | 6d. | Other. Add all other priority unsecu | ured claims. Write that amount here. | 6d. | \$ | - | |
| | | 6e. | Total Priority. Add lines 6a throug | h 6d. | 6e. | \$0.00 | - | |
| | | | | | | Total Claim | | |
| | | 6f. | Student loans | | 6f. | \$ 178,081.00 | _ | |
| cl | Total laims | | | | | | | |
| from F | art 2 | 6g. | Obligations arising out of a sepa | ration agreement or divorce that | 6g. | \$0.00 | _ | |

| Debtor 1 Debtor 2 | | n Menay Ellis e Astra Isenbarger-Ellis | Case nu | mber (if known) | | |
|----------------------|------------|--|------------|-----------------|-------------------|--|
| | 6h. 6i. | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Add all other nonpriority unsecured claims. Write that amount | 6h. 6i. | \$ | 0.00 70,681.89 | |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 248,762.89 | |

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company wit Name, Numb | h whom you have the co | ontract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------|------------------------|------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | - |
| 2.2 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| | | | | | |

| Fill in thi | is information to identify | your case: | | | |
|-------------------------------------|---|--|--|---|----------------------------------|
| Debtor 1 | Marsharon M | | | | |
| D - l- 1 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, f | | stra Isenbarger-Ellis Middle Name | Last Name | | |
| | | | | | |
| United St | tates Bankruptcy Court for | the: EASTERN DISTRICT OF C | ALIFORNIA | | |
| Case nur | mber | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Officia | al Form 106H | | | | |
| | dule H: Your C | adehtors | | | 12/15 |
| SCITE | dule II. Toul C | ouebiois - | | | 12/13 |
| people ar ill it out, our nam | e filing together, both ar and number the entries i se and case number (if kr | who are also liable for any debts yee equally responsible for supplyir in the boxes on the left. Attach the nown). Answer every question. s? (If you are filing a joint case, do nown). | ng correct informat e Additional Page t | tion. If more space is neede to this page. On the top of a | d, copy the Additional Page, |
| ■ No | | | | | |
| | | ve you lived in a community prope siana, Nevada, New Mexico, Puerto | | | es and territories include |
| | o. Go to line 3. | | | | |
| _ | | er spouse, or legal equivalent live wit | th you at the time? | | |
| | , , , , , , , , , , , , , , , , , , , | -1, <u>0</u> 1 | , | | |
| | □ No | | | | |
| | Yes. | | | | |
| | In which communit | y state or territory did you live? | -NONE- | . Fill in the name and cu | rrent address of that person. |
| | Name of your spouse, for | rmer spouse, or legal equivalent | | | |
| in lin Forn | ne 2 again as a codebtor | te & Zip Code odebtors. Do not include your spo only if that person is a guarantor fficial Form 106E/F), or Schedule | or cosigner. Make | sure you have listed the cre | editor on Schedule D (Official |
| | Column 1: Your codebto Name, Number, Street, City, State | | | Column 2: The creditor Check all schedules that | to whom you owe the debt tapply: |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line _ | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| | | | | | |
| 3.2 | | | | Schedule D, line _ | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line _ | |
| | Number Street | | | | |
| | City | State | ZIP Code | | |

| Fill in this informa | tion to identify your case: | |
|---------------------------------|--|--|
| Debtor 1 | Marsharon Menay Ellis | |
| Debtor 2 (Spouse, if filing) | Harmonee Astra Isenbarger-Ellis | |
| United States Bar | nkruptcy Court for the: EASTERN DISTRICT OF CALIFORNIA | |
| Case number (If known) | | Check if this is: An amended filing A supplement showing postpetition chapte |
| Official Fo | rm 106 <u>l</u> | 13 income as of the following date: MM / DD/ YYYY |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Describe Employment | | | | |
|-----|---|----------------------|-----------------|--------------------------------|--|
| 1. | Fill in your employment information. | | Debto | r 1 | Debtor 2 or non-filing spouse |
| | If you have more than one job, | Empleyment status | ■ Em | ployed | ■ Employed |
| | attach a separate page with information about additional | Employment status | | t employed | ☐ Not employed |
| | employers. | Occupation | Human Resources | | Social Worker |
| | Include part-time, seasonal, or self-employed work. Employer's name | | Well | Space Health | Child Haven Inc. |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | 2th Street amento, CA 95814 | 801 Empire Street Fairfield, CA 94533 |
| | | How long employed th | nere? | 1.5 Years | 2.8 Years |

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- Estimate and list monthly overtime pay. 3.
- Calculate gross Income. Add line 2 + line 3.

non-filing spouse 3,142.40 5.666.66 3. +\$ 0.00 0.00 5,666.66 3,142.40

For Debtor 2 or

For Debtor 1

| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ (12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it | Debtor 1 Debtor 2 | Marsharon Menay Ellis Harmonee Astra Isenbarger-Ellis | _ | Ca | ase number (<i>if ki</i> | nown) | | | | |
|--|----------------------|--|----------|-------|--|-------|------------------|------------------------|-------|---|
| 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5d. Voluntary contributions 5d. Voluntary contributions for settlement fund loans 5d. Voluntary contributions for retirement fund loans 5d. Voluntary contributions for retirement fund loans 5d. Voluntary contributions for settlement fund loans 5d. Voluntary contributions for settlement fund loans 5d. Voluntary contributions for settlement fund loans 5d. Voluntary contributions 5d. Voluntary contributions 5d. Voluntary contributions for settlement fund loans 5d. Voluntary contributions o the contributions to the contributions to the contribution of the contributions to the contributions to the contribution of the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contribution | Co | py line 4 here | 4. | | | 6.66 | non | -filing spou | se | |
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| 8h. Other monthly income. Specify: 8h. + \$ 0.00 + \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it | | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | \$ | S(S(S(S(S(S_S(S_S(S_ | | · • — | | | |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ | 8g. | | _ | | · | | | | | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it | 8h. | Other monthly income. Specify: | 8h | + \$ | 5 | 0.00 | + \$ | 0 | .00 | |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it | 9. Ad | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | (| 0.00 | \$_ | | 0.00 | |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it | 10. Ca l | Iculate monthly income. Add line 7 + line 9. | 10. \$ | S | 4.188.04 | + \$ | 2.6 | 638.14 = \$ | . (| 6,826.18 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it | | | | | ., | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it | Inc oth Do | lude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not | r deper | | | | | | | 0.00 |
| Combined | Wri | ite that amount on the Summary of Schedules and Statistical Summary of Certa | | | | | | 12. \$ _ Cor | nbine | |
| 13. Do you expect an increase or decrease within the year after you file this form? No. | 13. Do | | 1? | | | | | moi | nthly | income |
| ☐ Yes. Explain: | | | | | | | | | | |

| Debtor 1 Marsharon Menay Ellis Debtor 2 Harmonee Astra Isenbarger-Ellis Case number (It known) Official Form 106J Schedule J: Your Expenses Be a complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (It known). Answer every question. Part 1. Describe Your Household Is this a joint case? No. Go to line 2. Do you have dependents? Do not list Debtor 1 and Yes. Fill out this information for Debtor 2. Do not state the dependents are possible for supplying correct information to Debtor 1 and Debtor 1 and Pyes. Do not state the dependents are possible for supplying correct information for Debtor 2. Do not state the dependents are possible for supplying correct information for Debtor 1 and Pyes. Do not state the dependents are possible for supplying correct information for Debtor 2. Do not state the dependents are possible for supplying correct possible for supplying correct provides the dependent and Pyes. Do not state the dependents are possible form 108J-2, Expenses for Separate Household of Debtor 2. Do not state the dependents are possible formation for Debtor 2 as a supplement in a Chapter 13 case to report oxide and possible formation for Debtor 2 as a supplement in a Chapter 13 case to report oxide and possible formation for Debtor 2 as a supplement in a Chapter 13 case to report oxide and possible formation for Debtor 2 as a supplement in a Chapter 13 case to report oxide form 108J. The rental or home ownership expenses for your residence, include first mortgage payments and any rent for the ground or for. If not included in line 4: 4a. Real estate taxes 4a. S 0.000 | | '- (h'- '-(| ation to intentife comments | | | | | |
|--|------------|-------------------------------|--|----------------------|---------------------|--------------------|----------------|--------------------------|
| Debtive 2 Harmonee Astra Isenbarger-Ellis (Spouse, if fling) An amended fling | FIII | in this inform | ation to identify your case: | | | | | |
| Debtor 2 As supplement showing postpetition chapter (Spouse, if filing) Scouse, if filing) Scouse, if filing) Scouse, if filing) Schedule J: Your Expenses MM / DD / YYYY Official Form 106J Schedule J: Your Expenses State Schedule J: Your Income State Schedule J: Your Expenses State Schedule J: Your Income State Schedule J: Your Expenses Schedule J: Your Income Your Expenses Schedule J: Your Income Your Expenses Schedule J: Your Income Your Expenses Schedule J: Your Income Your Expenses Schedule J: Your Income Your Expenses Schedule J: Your Income Your Expenses Schedule J: Your Income Your Expenses Schedule J: Your Income Your Expenses Schedule J: Your Income Your Expenses Schedule J: Your Income Your Expenses Schedule J: Your Income Your Expenses Schedule J: Your Income Your Expenses Your Expense | Deb | tor 1 | Marsharon Menay Ellis | | | | | |
| Spouse, if filing 13 expenses as of the following date: | Deh | itor 2 | Harmonoo Aetra leenhara | vr.Ellie | | | • | ing postpetition chapter |
| Case number (It known) Schedule J: Your Expenses Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every question. Bart 1: Describe Your Household Is Is this a joint case? No. Go to line 2. Yes, Does Debtor 2 live in a separate household? No Do not list Debtor 1 and Pyes. Fill out this information for each dependents? Do not list Debtor 1 and Pyes. Fill out this information for each dependent snames. Son 16 Pyes Daughter 18 Pyes Jone 18 Pyes Jone 19 Pyes | | | Harmonee Astra isembarge | ::-EIIIS | | Ц | | 0 |
| Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No. Do not list Debtor 1 and Pyes. Fill out this information for each dependent. Do not state the dependents names. Son 16 Pyes Daughter 18 Pyes Daughter 18 Yes Do your expenses include expenses for your page at a date after the bankruptcy if filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of adae after the bankruptcy is filed. If this is a supplemental Schedule J., check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. Solon | Unit | ed States Bank | ruptcy Court for the: EASTERN DI | STRICT OF CALIFO | RNIA | | MM / DD / YYYY | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: | 1 | | | | | | | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Answer every question. Answer every question. | Of | fficial Fo | orm 106J | | | | | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Answer every question. Answer every question. | S | chedule | J: Your Expenses | 5 | | | | 12/15 |
| 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No. Go to line 2. Do you have dependents? No. Go to line 2. Do you have dependents? No. Go to line 2. Do not list Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son 16 Yes. Daughter 18 Yes. Daughter 18 Yes. No. Ho. Ho. Ho. Ho. Ho. Ho. Ho. Ho. Ho. H | Be info | as complete ormation. If r | and accurate as possible. If two | married people ar | | | | |
| No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and Yes. Fill out this information for each dependent | | | | | | | | |
| Yes. Does Debtor 2 live in a separate household? No | ١. | • | | | | | | |
| No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Fill out this information for each dependent | | | · | usehold? | | | | |
| Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son 16 Yes Does dependent live with you? No No Daughter 18 Yes No Yes 3. Do your expenses include expenses of people other than yourself and your expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 1 | | = 1 | | | for Separate Housel | <i>hold</i> of Deb | otor 2. | |
| Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son 16 Yes Does dependent live with you? No No Daughter 18 Yes No Yes 3. Do your expenses include expenses of people other than yourself and your expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 1 | 2. | Do you hay | ve dependents? □ No | , | • | | | |
| Son 16 | | Do not list [| Debtor 1 and ■ Yes Fill ou | | | | • | |
| dependents names. Son 16 Yes No No No No Yes No Yes No Yes 3. Do your expenses include expenses of people other than yourself and your dependents? Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 | | Do not state | e the | | | | | □ No |
| Daughter 18 | | | | | Son | | 16 | ■ Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 | | | | | | | | □ No |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 | | | | | Daughter | | 18 | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 | | | | | | | | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 | | | | | | | | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 | | | | | | | | |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 | 3. | expenses of | of people other than | | | | | ⊔ Yes |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 | Par | t 2: Estir | nate Your Ongoing Monthly Exp | enses | | | | |
| the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 | Est | imate your e enses as of | xpenses as of your bankruptcy a date after the bankruptcy is fil | filing date unless y | | | | |
| payments and any rent for the ground or lot. 4. \$ 2,399.00 If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 | the | value of suc | h assistance and have included | | | | Your expe | nses |
| payments and any rent for the ground or lot. 4. \$ 2,399.00 If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 | - | | | | | | | |
| 4a. Real estate taxes 4a. \$ | 4. | | | | | 4. | \$ | 2,399.00 |
| | | If not inclu | ded in line 4: | | | | | |
| | | 4a. Real | estate taxes | | | 4a. | \$ | 0.00 |
| | | 4b. Prop | erty, homeowner's, or renter's insu | rance | | 4b. | \$ | |

4c. Home maintenance, repair, and upkeep expenses

Additional mortgage payments for your residence, such as home equity loans

4d. Homeowner's association or condominium dues

0.00

0.00

105.00

4c. \$

4d. \$

5. \$

| | tor 1 tor 2 | | on Menay Ellis ee Astra Isenbarger-Ellis | Case num | ber (if known) | | | |
|---|--|---|--|----------|----------------|----------|--|--|
| 6. | Utilit | lies. | | | | | | |
| 0. | 6a. | | , heat, natural gas | 6a. | \$ | 335.00 | | |
| | 6b. | | wer, garbage collection | 6b. | \$ | 150.00 | | |
| | 6c. | | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 510.00 | | |
| | 6d. | Other. Spe | ecify: | 6d. | \$ | 0.00 | | |
| 7. | Food | | ekeeping supplies | | \$ | 1,000.00 | | |
| 8. | | | children's education costs | 8. | \$ | 0.00 | | |
| 9. | Cloti | hing, laund | lry, and dry cleaning | 9. | \$ | 140.00 | | |
| 10. | Pers | onal care p | products and services | 10. | \$ | 100.00 | | |
| 11. | Medical and dental expenses 11. \$ 400.00 | | | | | | | |
| 12. | | sportation. | | | | | | |
| | | | ar payments. | 12. | \$ | 300.00 | | |
| | | | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 75.00 | | |
| 14. | Char | ritable cont | tributions and religious donations | 14. | \$ | 0.00 | | |
| 15. | | rance. | | | | | | |
| | | | nsurance deducted from your pay or included in lines 4 or 20. | 150 | ¢. | 0.00 | | |
| | | Life insura | | 15a. | · - | 0.00 | | |
| | | Health ins | | 15b. | · | 0.00 | | |
| | | Vehicle in | | 15c. | · | 245.00 | | |
| 16 | | | urance. Specify: | 15d. | \$ | 0.00 | | |
| | Spec | cify: Vehic | nclude taxes deducted from your pay or included in lines 4 or 20. cle RegistrationTax | 16. | \$ | 33.00 | | |
| 17. | | | ease payments: | 170 | ¢. | 500.00 | | |
| | | | ents for Vehicle 1 | 17a. | · | 580.00 | | |
| | | | ents for Vehicle 2 | 17b. | · : ——— | 388.99 | | |
| | 17C. | Other. Spe | ecify: 3rd Auto loan payment | 17c. | \$ | 200.00 | | |
| | | | ecify: Student Loan | 17d. | \$ | 82.00 | | |
| 18. | | | of alimony, maintenance, and support that you did not repo your pay on line 5, Schedule I, Your Income (Official Form 1 | | \$ | 0.00 | | |
| 19. Other payments you make to support others who do not live with you. | | | | | 0.00 | | | |
| | Spec | | | 19. | | | | |
| 20. | | | erty expenses not included in lines 4 or 5 of this form or on | | | 2.22 | | |
| | | | s on other property | 20a. | · | 0.00 | | |
| | | Real estat | | 20b. | · | 0.00 | | |
| | | | homeowner's, or renter's insurance | 20c. | · | 0.00 | | |
| | | | nce, repair, and upkeep expenses | 20d. | · | 0.00 | | |
| | | | ner's association or condominium dues | 20e. | • | 0.00 | | |
| 21. | Othe | er: Specify: | | 21. | +\$ | 0.00 | | |
| 22. | Calc | ulate your | monthly expenses | | | | | |
| | 22a. | Add lines 4 | through 21. | | \$ | 7,042.99 | | |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | | 6J-2 | \$ | | | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | | | \$ | 7,042.99 | | |
| | | | , , , | | · — | 1,012100 | | |
| 23. | | | monthly net income. | | _ | | | |
| | | | 12 (your combined monthly income) from Schedule I. | 23a. | · | 6,826.18 | | |
| | 23b. | Copy your | r monthly expenses from line 22c above. | 23b. | -\$ | 7,042.99 | | |
| | 23c. | | your monthly expenses from your monthly income. t is your <i>monthly net income</i> . | 23c. | \$ | -216.81 | | |
| 24. | For exmodif | Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | | | | | |
| | ■ N | 0. | | | | | | |
| | □ Y | es. | Explain here: | | | | | |

| Fill in this info | ormation to identify your | case: | | | | | |
|--|---|-------------------------|--|-----------------------|--|--|--|
| Debtor 1 | Marsharon Menay | | | | | | |
| | First Name | Middle Name | Last Name | _ | | | |
| Debtor 2 | Harmonee Astra | senbarger-Ellis | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States I | Bankruptcy Court for the: | EASTERN DISTRICT | OF CALIFORNIA | _ | | | |
| Case number | | | | ☐ Check if this is an | | | |
| , , , | | | | amended filing | | | |
| If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or | | | | | | | |
| obtaining mon | | n connection with a bar | es or amended schedules. Making a fals nkruptcy case can result in fines up to \$ | | | | |
| | | | | | | | |
| Si | ign Below | | | | | | |
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | | |
| ■ No | | | | | | | |
| ☐ Yes. | Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) | | | | | | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | | | | | | | |
| X /s/ Marsharon Menay Ellis X /s/ Harmonee Astra Isenbarger-Ellis | | | | | | | |
| | haron Menay Ellis ture of Debtor 1 | | Harmonee Astra Isenba Signature of Debtor 2 | arger-Ellis | | | |
| | | | | | | | |

Date December 22, 2018

Date December 22, 2018

| Fill in this info | rmation to identify you | r 00001 | | | |
|--------------------------------|---|--|------------------------------------|--|------------------------------------|
| | | | | | |
| Debtor 1 | Marsharon Mena First Name | Middle Name | Last Name | | |
| Debtor 2 | Harmonee Astra | Isenbarger-Ellis | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | Bankruptcy Court for the: | EASTERN DISTRICT OF | CALIFORNIA | | |
| Case number | | | | | |
| (if known) | | | | - | Check if this is an |
| | | | | | amended filing |
| O(() - () - 1 F | 407 | | | | |
| Official Fo | | A (() () | | | |
| | | Affairs for Individ | | | 4/16 |
| | | | | equally responsible for sup y additional pages, write yo | |
| | wn). Answer every que | | this form. On the top of an | y additional pages, write yo | ur name and case |
| Part 1: Give | Details About Your Ma | arital Status and Where You | Lived Before | | |
| | | | | | |
| 1. What is yo | ur current marital statu | IS? | | | |
| ■ Marrie | ed | | | | |
| ☐ Not m | arried | | | | |
| 2. During the | last 3 years, have you | lived anywhere other than | where you live now? | | |
| □ No | | | | | |
| _ | ist all of the places you I | ived in the last 3 years. Do no | ot include where you live nov | I. | |
| Debtor 1 | Prior Address: | Dates Debtor 1 | Debtor 2 Prior Ac | Idress: | Dates Debtor 2 |
| | | lived there | | | lived there |
| | nson Drive , CA 94533 | From-To: 03/2010 to | Same as Debtor | 1 | Same as Debtor 1 From-To: |
| i annora, | , 07(04000 | 04/2016 | | | FIOTI-TO. |
| states and territon No Yes. M | ories include Arizona, Ca | lifornia, Idaho, Louisiana, Ne hedule H: Your Codebtors (O | vada, New Mexico, Puerto R | ity property state or territor ico, Texas, Washington and \ | |
| Part 2 Expl | ain the Sources of You | ii iiicoiile | | | |
| Fill in the to | otal amount of income yo | nployment or from operating used in the contract of the contra | all businesses, including part | | ndar years? |
| □ No | | | | | |
| _ | Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income | Gross income | Sources of income | Gross income |
| | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | 1 of current year until led for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$53,834.00 | ■ Wages, commissions, bonuses, tips | \$27,472.00 |
| | | ☐ Operating a business | | ☐ Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 1

| | | | | lenay Ellis stra Isenba | arger-Ellis | Cas | se number (if known) | | |
|-----------|------------------|---------------------|--|--|---|---|---|---|---|
| | | | | | - | | | | |
| | | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | | | lar year: December : | 31, 2017) | ■ Wages, commissions, bonuses, tips | \$24,390.00 | ■ Wages, com bonuses, tips | missions, | \$65,254.00 |
| | | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | | | ar year bef December : | | ■ Wages, commissions, bonuses, tips | \$0.00 | ■ Wages, com bonuses, tips | missions, | \$0.00 |
| | | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | winning List ead | gs. Ìf ch s o | you are fili | ng a joint cas | pensions; rental income; inte se and you have income that ome from each source separa | you received together, list it | only once under De | ebtor 1. | nd gambling and lottery |
| | | | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| | | | 1 of currer led for ban | nt year until kruptcy: | 2017 Tax Refund | \$5,425.00 | | | |
| | | | lar year: December (| 31, 2017) | Retirement Income | \$19,711.00 | | | |
| Pa | Are eit | es. | Debtor 1's Neither De individual p During the No. Yes * Subject t Debtor 1 o During the | or Debtor 2 ebtor 1 nor Debtor 2 erimarily for a 90 days befor Go to line 7 List below e paid that cri not include to adjustment or Debtor 2 o 90 days befor | each creditor to whom you pa editor. Do not include paymen payments to an attorney for to t on 4/01/19 and every 3 year or both have primarily const one you filed for bankruptcy, d | er debts? umer debts. Consumer debtold purpose." id you pay any creditor a total desired a total of \$6,425* or more note for domestic support oblights bankruptcy case. It is after that for cases filed or umer debts. | al of \$6,425* or moder in one or more pay gations, such as chase or after the date o | re? ments and t ild support a f adjustment | the total amount you and alimony. Also, do |
| | | | ■ No. □ Yes | include pay attorney for | each creditor to whom you pa ments for domestic support o this bankruptcy case. | bbligations, such as child sup | port and alimony. A | Álso, do not | include payments to an |
| | Credit | tor's | Name and | Address | Dates of payme | ent Total amount | Amount you | Was this | payment for |

| | tor 1 Marsharon Menay Ellis tor 2 Harmonee Astra Isenbarger-Elli | s | Cas | e number (if known) | | |
|------|---|---|--|----------------------|-----------------------------------|---|
| , | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general particles of which you are an officer, director, person in a business you operate as a sole proprietor. If alimony. | artners; relatives of any gen a control, or owner of 20% o | neral partners; partner or more of their voting | erships of which you | ou are a genera any managing a | al partner; corporations gent, including one for |
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | ments or transfer a | iny property on a | account of a de | ebt that benefited an |
| | No | | | | | |
| | Yes. List all payments to an insider | | | | _ | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name |
| Part | 4: Identify Legal Actions, Repossession | ns. and Foreclosures | | | | |
| | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | r čáses, small claims action | s, divorces, collection | | actions, suppor | t or custody |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| | Unknown Plaintiff vs Unknown Defendant 0940975CMK | BankruptcyChapt er7 | US BKPT CT C SACRAMEN | A | ☐ Pending ☐ On appe ☐ Conclud | al |
| | | | | | Discharge | d - 0.00 |
| , | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo No. Go to line 11. Yes. Fill in the information below. | | erty repossessed, fo | oreclosed, garni | shed, attached | d, seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happened | d | | | property |
| i | Within 90 days before you filed for bankrul accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details. | | luding a bank or fir | nancial institutio | n, set off any a | amounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date take | action was | Amount |
| , | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes | | erty in the possessi | ion of an assigne | ee for the bene | efit of creditors, a |

| | btor 1 Marsharon Menay Ellis Harmonee Astra Isenbarger-Ellis | Case number | (if known) | |
|-----|---|--|-----------------------------------|------------------------|
| Par | rt 5: List Certain Gifts and Contributions | | | |
| 13. | Within 2 years before you filed for bankruptcy, ■ No □ Yes. Fill in the details for each gift. | did you give any gifts with a total value of more t | han \$600 per person? | |
| | Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address: | Describe the gifts | Dates you gave the gifts | Value |
| 14. | | did you give any gifts or contributions with a tota | al value of more than \$ | 6600 to any charity? |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
| Par | rt 6: List Certain Losses | | | |
| 15. | or gambling? | r since you filed for bankruptcy, did you lose any | thing because of theft | , fire, other disaster |
| | how the loss occurred Includ | ribe any insurance coverage for the loss de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Par | tt 7: List Certain Payments or Transfers | | | |
| 16. | consulted about seeking bankruptcy or prepar | did you or anyone else acting on your behalf pay or ing a bankruptcy petition? ers, or credit counseling agencies for services require | , , | ty to anyone you |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | HERNANDEZ LAW GROUP 6939 Sunrise Blvd. Suite 111 Citrus Heights, CA 95610 kristy@khlawoffices.com | Attorney Fees | Prior to filing | \$1,500.00 |
| 17. | Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or Do not include any payment or transfer that you list No Yes. Fill in the details. | | or transfer any proper | ty to anyone who |
| | Person Who Was Paid | Description and value of any property | Date payment | Amount of |
| | Address | transferred | or transfer was | payment |

Debtor 1 **Marsharon Menay Ellis** Debtor 2 Harmonee Astra Isenbarger-Ellis Case number (if known) 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Nο Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was Address property transferred payments received or debts made paid in exchange Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Nο Yes. Fill in the details. Last 4 digits of Last balance Name of Financial Institution and Type of account or Date account was Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or Code) moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Describe the contents Do you still Who else had access to it? Address (Number, Street, City, have it? Address (Number, Street, City, State and ZIP Code) State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Owner's Name
Address (Number, Street, City, State and ZIP Code)
Where is the property?
(Number, Street, City, State and ZIP Code)

Describe the property

Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Debtor 1 Marsharon Menay Ellis

Debtor 2 Harmonee Astra Isenbarger-Ellis

Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | | |
|-----|---|--|------------------|---|--------------------|--|--|--|
| Rep | Report all notices, releases, and proceedings that you know about, regardless of when they occurred. | | | | | | | |
| 24. | 1. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | ental law, if you | Date of notice | | | |
| 25. | Have you notified any governmental unit of a | any release of hazardous material? | | | | | | |
| | NoYes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | ental law, if you | Date of notice | | | |
| 26. | Have you been a party in any judicial or adm | inistrative proceeding under any envir | ronmental law | ? Include settlements a | and orders. | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the | case | Status of the case | | | |
| Par | 11: Give Details About Your Business or C | Connections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankrupto | cy, did you own a business or have any | y of the follow | ing connections to any | business? | | | |
| | A sole proprietor or self-employed in | a trade, profession, or other activity, | either full-time | or part-time | | | | |
| | ☐ A member of a limited liability compa | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing exe | ecutive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting | g or equity securities of a corporation | | | | | | |
| | ☐ No. None of the above applies. Go to P | art 12. | | | | | | |
| | Yes. Check all that apply above and fill | in the details below for each business. | | | | | | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Do not in | Employer Identification number Do not include Social Security number or ITIN. | | | | |
| | Aver Cales | Commetic Comments | | siness existed | | | | |
| | Avon Sales 102 Republic Way | Cosmetic Company | EIN: | 2383 | | | | |
| | Vacaville, CA 95687 | Self | From-To | 2015 to present da | у | | | |
| | | | | | | | | |

| Debtor 2 Harmonee Astra Isenbarger-Ell | Case number (if known) |
|--|--|
| institutions, creditors, or other parties. | ptcy, did you give a financial statement to anyone about your business? Include all financial |
| ■ No□ Yes. Fill in the details below. | |
| Name Address (Number, Street, City, State and ZIP Code) | Date Issued |
| Part 12: Sign Below | |
| | inancial Affairs and any attachments, and I declare under penalty of perjury that the answers |
| are true and correct. I understand that making | inancial Affairs and any attachments, and I declare under penalty of perjury that the answers a false statement, concealing property, or obtaining money or property by fraud in connection \$250,000, or imprisonment for up to 20 years, or both. Is/ Harmonee Astra Isenbarger-Ellis Harmonee Astra Isenbarger-Ellis Signature of Debtor 2 |
| are true and correct. I understand that making with a bankruptcy case can result in fines up t 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Marsharon Menay Ellis Marsharon Menay Ellis | a false statement, concealing property, or obtaining money or property by fraud in connection \$250,000, or imprisonment for up to 20 years, or both. /s/ Harmonee Astra Isenbarger-Ellis Harmonee Astra Isenbarger-Ellis |

| Fill in this infor | mation to identify your | case: | | |
|--|-------------------------|------------------|-----------|-----------------------|
| Debtor 1 | Marsharon Mena | y Ellis | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Harmonee Astra | lsenbarger-Ellis | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFORNIA | | | | |
| Case number (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| identify the creditor and the property that is conateral | secures a debt? | as exempt on Schedule C? |
|---|--|--------------------------|
| | | |
| Creditor's Bank Of Stockton | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | _ |
| Description of 2015 Nissan Sentra SV 42,000 | Retain the property and enter into a | ■ Yes |
| property miles | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt: fair condition, value per | Li Retain the property and [explain]. | |
| kbb.com | | |
| | | |
| Creditor's Chase Auto | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | - |
| Description of 2016 Mazda CX-3 36,000 miles | Retain the property and enter into a | Yes |
| property fair condition, value per | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt: kbb.com | Tretain the property and [explain]. | |
| | | |
| Creditor's Midland Mortgage Company | ☐ Surrender the property. | □ No |
| name: | Retain the property and redeem it. | → 140 |
| | Retain the property and enter into a | ■ Yes |
| Description of 102 Republic Way Vacaville, CA 95687 Solano County | Reaffirmation Agreement. | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

| Debtor 1 Debtor 2 Marsharon Menay Ellis Harmonee Astra Isenbarger-Ellis | Case number (if known) | |
|--|---|-----------------------------------|
| property value per CMA report securing debt: | ☐ Retain the property and [explain]: | _ |
| Creditor's Travis Credit Union name: | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of property securing debt: 2018 Honda CR-V 6,500 miles good condition, value per kbb.com | Retain the property and enter into a Reaffirmation Agreement.Retain the property and [explain]: | ■ Yes |
| in the information below. Do not list real estate leases | ses sted in Schedule G: Executory Contracts and Unexpire s. Unexpired leases are leases that are still in effect; th se if the trustee does not assume it. 11 U.S.C. § 365(p)(| e lease period has not yet ended. |
| Describe your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| | | |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Part 3: Sign Below Under penalty of perjury, I declare that I have indicate property that is subject to an unexpired lease. | ed my intention about any property of my estate that se | ecures a debt and any personal |
| X /s/ Marsharon Menay Ellis | X /s/ Harmonee Astra Isenbarge | |
| Marsharon Menay Ellis Signature of Debtor 1 | Harmonee Astra Isenbarger-E Signature of Debtor 2 | Ellis |
| Date December 22, 2018 | Date December 22, 2018 | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

| Debtor 1 | Marsharon Menay Ellis | | |
|----------|---------------------------------|------------------------|--|
| Debtor 2 | Harmonee Astra Isenbarger-Ellis | Case number (if known) | |

| | | Check one box only as directed in this form and in Form | |
|--|--|--|----|
| Debtor 1 | Marsharon Menay Ellis | 122A-1Supp: | |
| Debtor 2 Spouse, if filing) Harmonee Astra Isenbarger-Ellis | | _ ☐ 1. There is no presumption of abuse | |
| | Bankruptcy Court for the: Eastern District of California | 2. The calculation to determine if a presumption of abu applies will be made under <i>Chapter 7 Means Test Calculation</i> (Official Form 122A-2). | se |
| if known) | | ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later. | |
| | | ☐ Check if this is an amended filing | |

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

| 1. | What is your marital and filing status? Check one only. |
|----|--|
| | □ Not married. Fill out Column A, lines 2-11. |
| | ■ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. |
| | ☐ Married and your spouse is NOT filing with you. You and your spouse are: |
| | ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. |
| | □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B). |
| F | ill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § |

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A

Debtor 1

Column B

Debtor 2 or

| | | | non- | filing spouse |
|---|---|-------------|------|---------------|
| Your gross wages, salary, tips, bonuses, overtime payroll deductions). | e, and commissions (before all | \$ 5,666.66 | \$ | 2,641.67 |
| Alimony and maintenance payments. Do not included Column B is filled in. | le payments from a spouse if | \$0.00 | \$ | 0.00 |
| 4. All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househout and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3. | rt. Include regular contributions old, your dependents, parents, spouse only if Column B is not | \$0.00 | \$ | 0.00 |
| 5. Net income from operating a business, profession | n, or farm | | | |
| | Debtor 1 | | | |
| Gross receipts (before all deductions) | \$ 0.00 | | | |
| Ordinary and necessary operating expenses | -\$ 0.00 | | | |
| Net monthly income from a business, profession, or fa | arm \$ 0.00 Copy here -> | \$ 0.00 | \$ | 0.00 |
| 6. Net income from rental and other real property | | | | |
| | Debtor 1 | | | |
| Gross receipts (before all deductions) | \$ 0.00 | | | |
| Ordinary and necessary operating expenses | -\$ 0.00 | | | |
| Net monthly income from rental or other real property | \$ 0.00 Copy here -> | \$ 0.00 | \$ | 0.00 |
| 7. Interest, dividends, and royalties | | \$ 0.00 | \$ | 0.00 |

| ebtor 1 ebtor 2 | Marsharon Mo Harmonee As | enay Ellis tra Isenbarger-Ellis | | | | Case numb | oer (<i>if known</i>) | | | |
|--------------------|---|---|--|-----------------------|---------------|--------------------------|-------------------------|-----------------------------|------------|-----------|
| | | | | | | Column A Debtor 1 | | Column I Debtor 2 non-filin | | |
| 8. Un e | employment com | pensation | | | | \$ | 0.00 | \$ | 0.00 | |
| | | unt if you contend that that the ct. Instead, list it here: | he amount received w | as a bene | efit unde | er | | | | |
| F | or you | | \$ | 0 | .00 | | | | | |
| F | or your spouse | | \$ | 0 | .00 | | | | | |
| . Per | | nt income. Do not inclu | | ed that w | as a | \$ | 0.00 | \$ | 0.00 | |
| Do rece don | not include any be eived as a victim o | er sources not listed al enefits received under the of a war crime, a crime a necessary, list other so | ne Social Security Act gainst humanity, or in | or payme ternation | ents al or | | | | | |
| | • | | | | | \$ | 0.00 | \$ | 0.00 | |
| | | | | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amoun | ts from separate pages, | , if any. | | - | + \$ | 0.00 | \$ | 0.00 | |
| | | current monthly incond the total for Column | | | \$ | 5,666.66 | + \$_ | 2,641.67 | _ = \$ | 8,308.33 |
| | - | ent monthly income for current monthly income | - | • | | Co | py line 11 | here=> | \$ | 8,308.33 |
| | Multiply by 12 (th | ne number of months in | a year) | | | | | | X | 12 |
| 12b | o. The result is you | r annual income for this | part of the form | | | | | 1 | 2b. \$ | 99,699.96 |
| 3. Cal | culate the media | n family income that a | pplies to you. Follow | these ste | eps: | | | | | |
| Fill | in the state in which | ch you live. | CA | ١ | | | | | | |
| Fill | in the number of p | eople in your household | d. 4 | | | | | | | |
| To | find a list of applic | ily income for your state able median income am may also be available a | ounts, go online using | the link | specifie | d in the sepa | rate instru | | 3. \\$ | 94,505.00 |
| 4. Ho v | w do the lines co | mpare? | | | | | | | | |
| 14a | a. | is less than or equal to rt 3. | line 13. On the top of | page 1, c | heck bo | ox 1, There is | no presu | mption of ab | use. | |
| 14b | | is more than line 13. Or rt 3 and fill out Form 12. | | neck box | 2, The p | oresumption (| of abuse is | determined | by Form 1 | 22A-2. |
| art 3: | Sign Below | | | | | | | | | |
| | By signing here, | I declare under penalty | of perjury that the infe | ormation | on this s | statement and | d in any at | tachments is | s true and | correct. |
| | X /s/ Marsharon | <u>-</u> | | X. | | rmonee As onee Astra | | | S | |
| | Signature of D | | | | | ure of Debtor | | | | |
| D | te December | | | Date | | | | | | |
| Da | MM / DD / YY | 22, 2018 | or file Form 122∆-2 | Date | Decer | mber 22, 20 DD / YYYY | | | | |

| Fill in this information to identify your case: | | | | | | |
|---|--------------------|--------------------------------|--|--|--|--|
| Debtor 1 | Marsharon Menay E | Ilis | | | | |
| Debtor 2 (Spouse, if filing | Harmonee Astra Ise | nbarger-Ellis | | | | |
| | , | Eastern District of California | | | | |
| Case number (if known) | | | | | | |

| Check the | appropriate | box | as | directed | ir |
|-------------|-------------|-----|----|----------|----|
| lines 40 or | 42: | | | | |

According to the calculations required by this Statement:

- 1. There is no presumption of abuse.
- ☐ 2. There is a presumption of abuse.
- ☐ Check if this is an amended filing

Official Form 122A - 2

Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

| Part | Det | termine Your Adjusted Income | | | | | |
|------|-------------------------|---|-----------------|--|-----------------|--------------------|----------|
| 1. | Copy you | r total current monthly income. Co | opy line 11 fro | m Official Form 12 | 2A-1 here=> | \$ | 8,308.33 |
| 2. | ☐ No. F Yes. Is ☐ No. | Il out Column B in Part 1 of Form 122A-1? ill in \$0 for the total on line 3. s your spouse Filing with you? Go to line 3. | | | | | |
| 3. | On line 11 | Fill in \$0 for the total on line 3. ur current monthly income by subtracting any par d expenses of you or your dependents. Follow these, Column B of Form 122A-1, was any amount of the it of you or your dependents? | ese steps: | | | ed for the h | ousehold |
| | ☐ Yes. F | ill in 0 for the total on line 3. ill in the information below: te each purpose for which the income was used example, the income is used to pay your spouse's tax port other than you or your dependents. | x debt or to | Fill in the amou are subtracting your spouse's | from | | |
| | | Total. | | \$ \$ \$ | _ | | |
| 4. | Adjust yo | ur current monthly income. Subtract line 3 from line | | | Copy total here | \$=> - \$ _ | 8,308.33 |

| Debtor 1 Debtor 2 | Marsharon Menay Ellis Harmonee Astra Isenbarger-Ellis | | | Case number | (if known) | | |
|----------------------|--|---|--|--|---|--------|----------|
| Part 2: | Calculate Your Deductions from Your Income | | | | | | |
| The to a inst | Internal Revenue Service (IRS) issues National and I nswer the questions in lines 6-15. To find the IRS staructions for this form. This information may also be a uct the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. If me in line 3 and do not deduct any operating expenses to | andards, available s of your Do not de hat you | go online e at the bar actual expe educt any ar subtracted f | using the link speci kruptcy clerk's offinese. In later parts of nounts that you subti | ified in the separate ce. the form, you will use so racted fro your spouse's | ome of | |
| | our expenses differ from month to month, enter the average enever this part of the from refers to <i>you</i> , it means both yo | • | | if Column B of Form | 122A-1 is filled in. | | |
| 5. | The number of people used in determining your dec | ductions | s from inco | ne | | | |
| | Fill in the number of people who could be claimed as explus the number of any additional dependents whom yo the number of people in your household. | | | | | | |
| Nati | onal Standards You must use the IRS National | al Standa | ards to answ | er the questions in li | nes 6-7. | | |
| 6. 7. | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, an Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number of people who are 65 or older-because older people have higher than this IRS amount, you may deduct the additional standard or the standard of the standard | d other in the of permoder of permoder of permoders of the other of permoders of permoders of the other of th | tems. cople you en people is sp r IRS allowa | tered in line 5 and th it into two categories ince for health care o | \$_ ne IRS National Standard people who are under | 65 and | 1,694.00 |
| Peo | ple who are under 65 years of age | | | | | | |
| | 7a. Out-of-pocket health care allowance per person | \$ | 52 | | | | |
| | 7b. Number of people who are under 65 | X | 4 | | | | |
| | 7c. Subtotal. Multiply line 7a by line 7b. | \$ | 208.00 | Copy here= | => \$ <u>208.00</u> | | |
| Peo | ple who are 65 years of age or older | | | | | | |
| | 7d. Out-of-pocket health care allowance per person | \$ | 114 | | | | |
| | 7e. Number of people who are 65 or older | x | 0 | | | | |
| | 7f. Subtotal. Multiply line 7d by line 7e. | \$ | 0.00 | Copy here= | -> +\$ | | |
| | 7g. Total. Add line 7c and line 7f | | | \$208.00 | Copy total here=: | \$ | 208.00 |

Debtor 1 Marsharon Menay Ellis

Debtor 2 Harmonee Astra Isenbarger-Ellis Case number (if known)

Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

| 8. | Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill | _ | 004.00 |
|----|--|----|--------|
| | in the dollar amount listed for your county for insurance and operating expenses. | \$ | 661.00 |

- 9. Housing and utilities Mortgage or rent expenses:

 - 9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| Name of the creditor | Average paymen | e monthly t |
|--------------------------|----------------|----------------|
| Midland Mortgage Company | \$ | 2,399.77 |

| Total average monthly payment | \$ 2,399.77 | Copy here=> | -\$ | 2,399.77 | Repeat this amount on line 33a. |
|-------------------------------|----------------|----------------|-----|----------|---------------------------------|
| | | | | | |

9c. Net mortgage or rent expense.

| Subtract line 9b (total average monthly payment) from line 9a (mortgage | _ | 0.00 | Сору | 0.00 |
|---|----|------|-----------|------|
| or rent expense). If this amount is less than \$0, enter \$0 | \$ | 0.00 | here=> \$ | 0.00 |

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 0.00

Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

☐ 1. Go to line 12.

2 or more. Go to line 12.

12. **Vehicle operation expense**: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$

| Debtor 1 Debtor 2 | | naron Menay Ellis onee Astra Isenbar | ger-Ellis | | | Case n | umber | (if known) | | |
|----------------------|----------------------|--|--|---------------------------|-----------------|--------------------|---------|---------------------|--|--------|
| | You may | | pense: Using the IRS Local if you do not make any loan of | | | | | | | |
| Vel | hicle 1 | Describe Vehicle 1: | 2018 Honda CR-V 6,500 kbb.com |) miles go | ood conditi | ion, va | alue | per | | |
| 13a. | Ownersh | ip or leasing costs using | g IRS Local Standard | | | \$ | S | 497.00 | | |
| 13b. | • | monthly payment for all clude costs for leased v | debts secured by Vehicle 1. vehicles. | | | | | | | |
| | are contr | | y payment here and on line 1 cured creditor in the 60 mont | | | at | | | | |
| | Nan | ne of each creditor for | · Vehicle 1 | Average payment | | | | | | |
| | Tra | vis Credit Union | | \$ | 580.00 | | | | | |
| | | Total A | verage Monthly Payment | \$ | 580.00 | Copy | • | -\$580. | Repeat this amount on line 33b. | |
| | | | e expense if this amount is less than \$0, 2016 Mazda CX-3 36,00 kbb.com | | air conditio | | \$ | 0.00 per | Copy net Vehicle 1 expense here => \$ | 0.00 |
| 13d. | Ownersh | ip or leasing costs using | g IRS Local Standard | | | \$ | | 497.00 | | |
| 13e. | Average leased ve | | debts secured by Vehicle 2. | Do not inc | lude costs fo | r | | | | |
| | Nan | ne of each creditor for | Vehicle 2 | Average payment | - | | | | | |
| | Cha | ase Auto | | \$ | 388.00 | | | | | |
| | | Total A | werage Monthly Payment | \$ | 388.00 | Copy here => | | 388.00 | Repeat this amount on line 33c. | |
| 13f. | | cle 2 ownership or lease line 13e from line 13d. | e expense if this amount is less than \$0, | , enter \$0. | | | \$ | 109.00 | Copy net Vehicle 2 expense here => \$ | 109.00 |
| 14. | | | : If you claimed 0 vehicles in ce regardless of whether you | | | | Standa | ards, fill in the F | Public \$ | 0.00 |
| 15. | Addition also ded | al public transportation at a public transportation at the contract of the con | on expense: If you claimed 1 on expense, you may fill in w al Standard for <i>Public Trans</i> | I or more v hat you be | ehicles in line | e 11 an | | | | 0.00 |

Debtor 1
Debtor 2

Marsharon Menay Ellis
Harmonee Astra Isenbarger-Ellis

Case number (if known)

| • • | | for | |
|---|--|---|--|
| self-employment taxes, sociation your pay for these taxes. Ho | al security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12 | | |
| Do not include real estate, s | ales, or use taxes. | \$ | 1,098.00 |
| • | | | |
| Do not include amounts that | are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$ | 0.00 |
| filing together, include paym | ents that you make for your spouse's term life insurance. Do not include premiums for life | \$ | 0.00 |
| | | | |
| Do not include payments on | past due obligations for spousal or child support. You will list these obligations in line 35. | \$ | 0.00 |
| | | | |
| | | \$ | 0.00 |
| | | • | 0.00 |
| Do not include payments for | any elementary or secondary school education. | \$ | 0.00 |
| that is required for the health | and welfare of you or your dependents and that is not reimbursed by insurance or paid | | |
| Payments for health insuran | ce or health savings accounts should be listed only in line 25. | \$ | 0.00 |
| for you and your dependents phone service, to the extent | s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of | | |
| | | +\$ | 75.00 |
| Add all of the expenses all Add lines 6 through 23. | lowed under the IRS expense allowances. | \$ | 4,281.00 |
| | Taxes: The total monthly an self-employment taxes, soci your pay for these taxes. Ho and subtract that number from Do not include real estate, so involuntary deductions: The contributions, union dues, and Do not include amounts that Life Insurance: The total modified from the substitution of the substitut | Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimburse | Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are fliing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed |

Debtor 1 Marsharon Menay Ellis

| Debtor 1 Debtor 2 | Harmonee Astra Isenbarger-Ellis | Case number (if known) | |
|----------------------|---------------------------------------|------------------------|---|
| | · · · · · · · · · · · · · · · · · · · | | _ |

| Add | ditional Expense Deductions | These are additional of | deduction | ns allowed by th | ne Means Test. | | |
|-----|--|--|-----------------------|--------------------------------------|---|---------|--------|
| | | Note: Do not include a | any expe | nse allowances | s listed in lines 6-24. | | |
| 25. | 45. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. | | | | | | |
| | Health insurance | | \$ | 884.54 | | | |
| | Disability insurance | | \$ | 0.00 | | | |
| | Health savings account | | + \$ | 0.00 | | | |
| | Total | | \$ | 884.54 | Copy total here=> | \$ | 884.54 |
| | | | | | | | |
| | Do you actually spend this total a | amount? | | | | | |
| | ☐ No. How much do you ac | ctually spend? | | | | | |
| | Yes | | \$ | | | | |
| 26. | continue to pay for the reasonab | ole and necessary care our immediate family w | and supp no is una | port of an elder ble to pay for s | e actual monthly expenses that you will ly, chronically ill, or disabled member o uch expenses. These expenses may 29A(b). | f \$ | 0.00 |
| 27. | Protection against family viole | ence. The reasonably r | ecessary | y monthly expe | nses that you incur to maintain the es Act or other federal laws that apply. | | |
| | By law, the court must keep the | nature of these expens | ses confic | dential. | | \$ | 0.00 |
| 28. | Additional home energy costs line 8. | . Your home energy co | sts are ir | ncluded in your | insurance and operating expenses on | | |
| | If you believe that you have hom 8, then fill in the excess amount | | e more th | an the home e | nergy costs included in expenses on lin | е | |
| | You must give your case trustee amount claimed is reasonable ar | | r actual e | expenses, and y | ou must show that the additional | \$ | 0.00 |
| 29. | | for your dependent chi | | | e monthly expenses (not more than than 18 years old to attend a private or | | |
| | You must give your case trustee claimed is reasonable and neces | | | | ou must explain why the amount 23. | | |
| | * Subject to adjustment on 4/01/ | 19, and every 3 years | after that | for cases begu | n on or after the date of adjustment. | \$ | 0.00 |
| 30. | | and clothing allowances | in the IF | RS National Sta | ctual food and clothing expenses are indards. That amount cannot be more | | |
| | To find a chart showing the maxi instructions for this form. This ch | | - | - | · | | |
| | You must show that the additional | al amount claimed is re | easonable | e and necessar | y. | \$ | 0.00 |
| 31. | Continuing charitable contribuinstruments to a religious or char | | | | ntribute in the form of cash or financial | +\$ | 0.00 |
| 32. | Add all of the additional expended lines 25 through 31. | se deductions. | | | | \$ | 884.54 |

Debtor 1 Marsharon Menay Ellis

| DEDIGIT I |
|-----------|
|-----------|

| | ions for Debt Payment | | | | | |
|--|---|--|----------|--------------------------------------|------------------------------|---------------------|
| 33. For | debts that are secured by an interes | et in property that you own, including hom | e mortg | ages, vehicle | | |
| Тос | | ment, add all amounts that are contractually | due to e | ach secured | | |
| ľ | Mortgages on your home: | | | | | verage monthly |
| 33a. (| Copy line 9b here | | | | => \$ | 2,399.77 |
| I | Loans on your first two vehicles: | | | | | |
| 33b. (| Copy line 13b here | | | | => \$ | 580.00 |
| | | | | | => \$ | 388.00 |
| | List other secured debts: | | | | | |
| Name of | each creditor for other secured debt | Identify property that secures the debt | | Does paymen include taxes insurance? | | |
| | | 2045 Niceau Coutre SV 42 000 mil | | ■ No | | |
| В | ank Of Stockton | 2015 Nissan Sentra SV 42,000 mil fair condition, value per kbb.com | | ☐ Yes | \$ | 182.00 |
| _ | | | | | Ψ. | |
| | | | | □ No | | |
| _ | | | | □ Yes | \$ | |
| | | | | □ No | | |
| | | | | ☐ Yes | +\$ | |
| | | - | | - | ¬ · | |
| | | | | | Copy | |
| 33e. To | otal average monthly payment. Add lin | es 33a through 33d | \$ | 3,549.77 | total here=> | \$ 3,549.77 |
| | | secured by your primary residence, a vehice pport or the support of your dependents? | cle, | | | |
| - | listed in line 33, to keep possess | pay to a creditor, in addition to the payments ion of your property (called the <i>cure amount</i>) | | | | |
| | Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the i | ion of your property (called the <i>cure amount</i>) nformation below. | | Total cura | | Monthly cure |
| | Yes. State any amount that you must listed in line 33, to keep possess | ion of your property (called the cure amount) | | Total cure amount | | Monthly cure amount |
| | Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the i | ion of your property (called the <i>cure amount</i>) nformation below. | | amount | ÷60 = \$ | |
| Name o | Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the i | ion of your property (called the <i>cure amount</i>) nformation below. | | amount | ÷60 = \$ | |
| Name o | Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the i | ion of your property (called the cure amount) nformation below. Identify property that secures the debt | | amount | ÷ 60 = \$ Copy total here=> | amount |
| Name of -NON | Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the in the creditor | ion of your property (called the <i>cure amount</i>) nformation below. Identify property that secures the debt Tota a priority tax, child support, or alimony - t | \$\$ | amount | Copy | amount |
| Name of -NON! | Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the interest of the creditor E- | ion of your property (called the <i>cure amount</i>) nformation below. Identify property that secures the debt Tota a priority tax, child support, or alimony - t | \$\$ | amount | Copy | amount |
| Name of some o | Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the in the creditor E- you owe any priority claims such as past due as of the filling date of your No. Go to line 36. | ion of your property (called the cure amount) nformation below. Identify property that secures the debt Total a priority tax, child support, or alimony - to bankruptcy case? 11 U.S.C. § 507. | \$\$ | amount | Copy | amount |

| Debtor 1 Debtor 2 | | sharon Menay Ellis nonee Astra Isenbarger-Ellis | | Case n | umber (<i>if known</i>) | | | |
|----------------------|----------------|---|-----------------|-----------------|---------------------------|----------------|----------------------|--------------|
| Fo | or more | eligible to file a case under Chapter 13? 11 U.S.C. § 1 information, go online using the link for <i>Bankruptcy Basi</i> ns for this form. <i>Bankruptcy Basics</i> may also be available | cs specified | | | | | |
| | l No. | Go to line 37. | | | | | | |
| | Yes. | Fill in the following information. | | | | | | |
| | | Projected monthly plan payment if you were filing under | Chapter 13 | \$ | 42 | 20.00 | | |
| | | Current multiplier for your district as stated on the list iss Administrative Office of the United States Courts (for dis and North Carolina) or by the Executive Office for United (for all other districts). | stricts in Alal | | 7.20 |) | | |
| | | To find a list of district multipliers that includes your district the link specified in the separate instructions for this for be available at the bankruptcy clerk's office. | | | | Co | opy total | |
| | | Average monthly administrative expense if you were filing | ng under Ch | apter 13 | \$30. | .24 he | ere=> \$ | 30.24 |
| | | of the deductions for debt payment. s 33e through 36. | | | | | \$ | 3,580.01 |
| Total | Deduc | tions from Income | | | | | | |
| 38. A o | dd all o | f the allowed deductions. | | | | | | |
| | | e 24, All of the expenses allowed under IRS e allowances | \$ | 4,281.00 | | | | |
| | Copy lin | e 32, All of the additional expense deductions | \$ | 884.54 | | | | |
| C | Copy lin | e 37, All of the deductions for debt payment | +\$ | 3,580.01 | \neg | | | |
| | | Total deductions | \$ | 8,745.55 | Copy total | here | => \$ | 8,745.55 |
| Part 3: | Det | ermine Whether There is a Presumption of Abuse | | | | | | |
| 39. C a | alculate | e monthly disposable income for 60 months | | | | | | |
| 3 | 89a. Co | py line 4, adjusted current monthly income | \$ | 8,308.33 | | | | |
| 3 | 89b. Co | py line 38, Total deductions | -\$ | 8,745.55 | | | | |
| 3 | | nthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a | \$ | -437.22 | Copy here=>\$ | | -437.22 | |
| F | or the i | next 60 months (5 years) | | | | x 60 | | |
| | | | | | | | | |
| 3 | 39d. To | tal. Multiply line 39c by 60 | 39d. | \$ | 6,233.20 | Copy here=> | \$ | -26,233.20 |
| 40. Fi | nd out | whether there is a presumption of abuse. Check the b | oox that app | lies: | | J | | |
| | The li | ine 39d is less than \$7,700*. On the top of page 1 of thi | s form, chec | k box 1, There | e is no presur | nption of | abuse. Go to | Part 5. |
| | | ine 39d is more than \$12,850*. On the top of page 1 of if you claim special circumstances. Go to Part 5. | this form, ch | eck box 2, The | ere is a presu | ımption o | <i>f abuse</i> . You | may fill out |
| | The li | ine 39d is at least \$7,700*, but not more than \$12,850 | *. Go to line | 41. | | | | |
| *S | Subject t | to adjustment on 4/01/19, and every 3 years after that for | cases filed | on or after the | date of adjus | stment. | | |

| Debtor 1 Debtor 2 | | sharon Menay Ellis monee Astra Isenbarger-Ellis | Case number (if known) |
|----------------------|--------|---|---|
| 41. | 41a. | Fill in the amount of your total nonpriority unsecured debt. If y A Summary of Your Assets and Liabilities and Certain Statistical In Schedules (Official Form 106Sum), you may refer to line 3b on the | nformation at form. \$ X .25 |
| | 41b. | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(| (b)(2)(A)(i)(I) |
| | | Multiply line 41a by 0.25 | |
| 25 | % of y | ne whether the income you have left over after subtracting all a vour unsecured, nonpriority debt. le box that applies: | llowed deductions is enough to pay |
| | | 39d is less than line 41b. On the top of page 1 of this form, check o Part 5. | box 1, There is no presumption of abuse. |
| | | 39d is equal to or more than line 41b. On the top of page 1 of this <i>umption of abuse</i> . You may fill out Part 4 if you claim special circums | |
| Part 4: | Giv | ve Details About Special Circumstances | |
| | | we any special circumstances that justify additional expenses of alternative? 11 U.S.C. \S 707(b)(2)(B). | r adjustments of current monthly income for which there is no |
| | lo. Go | o to Part 5. | |
| □ Y | | I in the following information. All figures should reflect your average m. You may include expenses you listed in line 25. | monthly expense or income adjustment for each |
| | ne | ou must give a detailed explanation of the special circumstances that ecessary and reasonable. You must also give your case trustee doculjustments. | |
| | G | Sive a detailed explanation of the special circumstances | Average monthly expense or income adjustment |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Part 5: | Sic | ın Below | |
| r art 5. | , | gning here, I declare under penalty of perjury that the information or | n this statement and in any attachments is true and correct. |
| | • | | s/ Harmonee Astra Isenbarger-Ellis |
| | M | arsharon Menay Ellis F | larmonee Astra Isenbarger-Ellis |
| , | | | Signature of Debtor 2 |
| Da | | | December 22, 2018 MM / DD / YYYY |

Marsharon Menay Ellis

Harmonee Astra Isenbarger-Ellis Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 06/01/2018 to 11/30/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Well Space Health

Year-to-Date Income:

Starting Year-to-Date Income: \$\frac{\$28,333.29}{\$from check dated}\$ from check dated \$\frac{5/31/2018}{11/30/2018}\$.

Income for six-month period (Ending-Starting): \$33,999.96 .

Average Monthly Income: \$5,666.66.

Marsharon Menay Ellis

Debtor 2 Harmonee Astra Isenbarger-Ellis Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 06/01/2018 to 11/30/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Child Haven, Inc.

Year-to-Date Income:

Starting Year-to-Date Income: \$\frac{\$10,051.64}{\$25,901.66}\$ from check dated \$\frac{5/31/2018}{\$11/30/2018}\$.

Income for six-month period (Ending-Starting): \$15,850.02.

Average Monthly Income: \$2,641.67.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|---|
| \$245 | filing fee | _ |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing tee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of California

| In | Marsharon Menay Ellis re Harmonee Astra Isenbarger-Ellis | | Case No. | |
|------|---|---|--|-------------------------------------|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPENS | | | ` , |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of contemplation. | of the petition in bankruptcy or in connection with the ba | y, or agreed to be paid nkruptcy case is as fol | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | | 1,500.00 |
| | Prior to the filing of this statement I have received | | \$ | 1,500.00 |
| | Balance Due | | \$ | 0.00 |
| 2. | \$ of the filing fee has been paid. | | | |
| 3. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 5. | ■ I have not agreed to share the above-disclosed compens | sation with any other person | unless they are meml | bers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names | | | |
| 6. | In return for the above-disclosed fee, I have agreed to rend | er legal service for all aspec | ets of the bankruptcy c | ase, including: |
| | a. Analysis of the debtor's financial situation, and renderin b. Preparation and filing of any petition, schedules, statem c. Representation of the debtor at the meeting of creditors d. [Other provisions as needed] Negotiations with secured creditors to red | ent of affairs and plan whic and confirmation hearing, a | h may be required; and any adjourned hear | rings thereof; |
| 7. | By agreement with the debtor(s), the above-disclosed fee de Representation of the debtors in any adve | | g service: | |
| | | CERTIFICATION | | |
| this | I certify that the foregoing is a complete statement of any a s bankruptcy proceeding. | | or payment to me for re | epresentation of the debtor(s) in |
| | December 22, 2018 | /s/ Kristy A. Her | nandez | |
| - | Date | Kristy A. Hernar | ndez | |
| | | Signature of Attorn HERNANDEZ L | | |
| | | 6939 Sunrise Bl | | |
| | | Citrus Heights, | | |
| | | 916-728-1500 F kristy@khlawoff | ax: 916-728-1515 | |
| | | Name of law firm | 1003.00111 | |
| | | name oj iaw firm | | |

Ellis, Marsharon and Harmonee - - Pg. 1 of 2

1st United Services Cu 5901 Gibraltar Drive Nor Pleasanton, CA 94588

Bank Of Stockton 301 E Miner St Stockton, CA 95201

Barclays Bank Delaware P.o. Box 8803 Wilmington, DE 19899

Cap1/bstby

Capital One Po Box 30281 Salt Lake City, UT 84130

Chase Auto
Po Box 901003
Ft Worth, TX 76101

Citi Po Box 6190 Sioux Falls, SD 57117

Credit Collection Services 725 Canton Street Norwood, MA 02062

Dept Of Education/neln 3015 Parker Rd Aurora, CO 80014

Fed Loan Serv Pob 60610 Harrisburg, PA 17106

Goldman Sachs Bank USA P.O. Box 45400 Salt Lake City, UT 84145

Ellis, Marsharon and Harmonee - - Pg. 2 of 2

Gs Bank Usa Po Box 45400 Salt Lake City, UT 84145

Kaiser Foundation Health Plan, Inc. File 50016 Los Angeles, CA 90074

Midland Mortgage Company PO Box 268888 Oklahoma City, OK 73126

Travis Credit Union Po Box 2069 Vacaville, CA 95696

Uscb America 355 S Grand Ave Ste 3200 Los Angeles, CA 90071